

MATERIAL REVIEWED AT CIA HEADQUARTERS BY  
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/NUMBER/VOLUME: Phillips, DAVID ATLEE

INCLUSIVE DATES: 28 MAY 1952 - 13 MAY 1975

CUSTODIAL UNIT/LOCATION: OP

ROOM: 5E13

DELETIONS, IF ANY:

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
2/10/78	2/10/78	DAN HARDWAY	Dan Hardway
17 Feb 78	8/17/78	DAN HARDWAY	Dan Hardway

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SECRET

PHILLIPS, DAVID A. EDWARDS

CENTRAL INTELLIGENCE AGENCY  
WASHINGTON, D.C. 20505

2 February 1976

Mr. David A. Phillips  
8224 Stone Trail Drive  
Bethesda, Maryland 20034

Dear Dave:

From time to time we receive letters and telephonic inquiries concerning the Association of Retired Intelligence Officers. In view of the restrictions of the Privacy Act, we hesitate to release your name and address without your prior knowledge and consent.

If you have no problem with our providing your name and address in response to such inquiries, please indicate to that effect by signing below and returning this letter to us for official filing. In the future, we would then be free to release this information concerning the Association of Retired Intelligence Officers without consulting you in each and every instance.

Thank you for your assistance in this matter, and best wishes.

Sincerely,



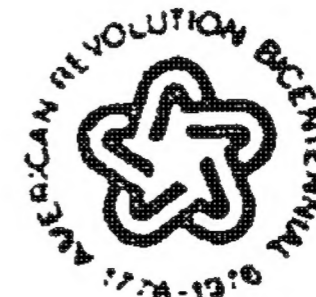
B. DeFelice  
Acting Director of Personnel

I hereby authorize the Director of Personnel to release my name and address to individuals seeking contact with or information concerning the Association of Retired Intelligence Officers:

  
\_\_\_\_\_  
David Atlee Phillips

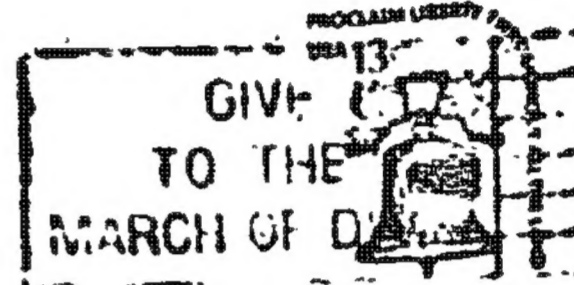
4 February 1976  
Date

AND THANKS!  
DAP





Mr. David A. Phillips  
8224 Stone Trail Drive  
Bethesda, Maryland 20034



Director of Personnel  
P. O. Box 1925  
Washington, D. C. 20013

MEMORANDUM FOR :

Addresses for former Agency employees organizations:

Association of Retired Intelligence Officers  
Mr. David A. Phillips  
8224 Stone Trail Drive  
Bethesda, Maryland, 20034

~~Central Intelligence Retirees Association (CIRA)~~  
Box 1150  
Fort Myer, Virginia, 22211

Date



24 5-9-75

3 JUL 1975

Mr. David A. Phillips  
8224 Stone Trail Drive  
Bethesda, Maryland 20034

Dear Dave:

I am happy to send to you, under separate cover, your Agency Retirement Medallion. The Medallion is a tangible form of recognition and appreciation of your service to the Agency. It should serve as a lasting reminder of an honorable career, rewarding associations and the knowledge that you played your part in a vital activity.

Let me, therefore, add my congratulations and wish you the very best for the future.

Sincerely,

P. W. M. Janney  
Director of Personnel

Distribution:  
Orig - Addressee  
X - OPF

OP/RAD/ROB/MWBenthall:cl (1 July 75)

4-00000

75-2172

10 June 1975

Mr. David A. Phillips  
8224 Stone Trail Drive  
Bethesda, Maryland 20034

Dear Dave:

The ordinary retirement letter is in no way appropriate for you. In the first place, your retirement is not stepping out of the active world into a world of pleasure. Instead, you are launching off on even a tougher challenge because of your sense of dedication. Your retirement also will not be the termination of your interest in intelligence and in this Agency. Instead, you are going to be doing what you can to help it survive the current set of attacks upon it. But most of all, your retirement is the departure of one of our most exceptional officers, to whom I had the great pleasure to give the Distinguished Intelligence Medal and whose work I have admired these many years. The only thing ordinary about your retirement is the sincere and special personal and official good wishes we in the Agency send to you and your family for success and satisfaction in the years ahead. This we send to all our retirees, and we send it to you with special spirit.

Sincerely,

*W. E. Colby*  
W. E. Colby  
Director

WEC: jlp (10 June 75)

Distribution:

Orig - Addressee  
1 - DCI  
1 - Dir/Personnel  
1 - ER



SECRET

(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED 28 March 1975	
1 SERIAL NUMBER 024545		2 NAME (Last-First-Middle) Phillips, David A.			
3 NATURE OF PERSONNEL ACTION Cancellation of N.S.G.A and Retirement (Voluntary) under CIARDS			4 EFFECTIVE DATE REQUESTED MONTH 05   DAY 09   YEAR 75		5 CATEGORY OF EMPLOYMENT Regular
6 FUNDS V TO V O TO V		7 PAY AND NSCA 5135 4523 0000		8 LEGAL AUTHORITY (Completed by Office of Personnel) Public Law 88-643, Section 233	
9 ORGANIZATIONAL DESIGNATIONS DDO/LA Division Office of the Chief			10 LOCATION OF OFFICIAL STATION Wash., D.C.		
11 POSITION TITLE Chief, LA Division			12 POSITION NUMBER CNS1	13 CAREER SERVICE DESIGNATION DYY	
14 CLASSIFICATION SCHEDULE (GS, E.R., etc.) GS		15 OCCUPATIONAL SERIES 0001.10	16 GRADE AND STEP 18 1	17 SALARY OR RATE \$ 36,000.	
18 REMARKS * supergrade blurb Co-ordinated with [ ] /ROB 11 April 1975.  Kathleen D. Sullivan Sec. of Pers 28/3/75					
18A SIGNATURE OF REQUESTING OFFICIAL H.L. Berthole, C/LA/Pers		DATE SIGNED 28 Mar 75		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER 4/1/75	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL/					
19 ACTION CODE 45	20 EMPLOY CODE 10	21 OFFICE CODING ALPHABETIC		22 STATION CODE	23 INITIATE CODE 1
24 MONTHS 1		25 DATE OF BIRTH 10/31/22		26 DATE OF GRADE MO. DA. YR.	
28 DATE EXPIRES		29 SPECIAL REFERENCE		31 OPERATION DATA CODE O, E, J, O, O, O	
32 CORRECTION CANCELLATION DATA		33 SECURITY REG NO		34 SEX	
35 VET PREFERENCE		36 NEW COMP DATE		37 LONG COMP DATE	
38 VET PREFERENCE CODE		39 NEW COMP DATE		37 LONG COMP DATE	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE		42 LEAVE CAT CODE		43 FEDERAL TAX DATA	
44 STATE TAX DATA		45 POSITION CONTROL CERTIFICATION 12 MAY 1975		46 OP APPROVAL 1 APR 1975	

FORM 1152 USE PREVIOUS EDITION

SECRET

IMPDET CL BY: 007622

SECRET

19 Nov 1973

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED

27 Dec 73

1. SERIAL NUMBER 024345	2. NAME (Last-First-Middle) PHILLIPS DAVID A
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3. NATURE OF PERSONNEL ACTION PROMOTION	4. EFFECTIVE DATE REQUESTED MONTH: 12, DAY: 23, YEAR: 73	5. CATEGORY OF EMPLOYMENT REGULAR
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6. FUNDS	V TO V	V TO CF	7. PAN AND NSCA 4135-4523 0001	8. LEGAL AUTHORITY (Completed by Office of Personnel)
	CF TO V	XX CF TO CF		

9. ORGANIZATIONAL DESIGNATIONS DDO/WH DIVISION OFFICE OF THE CHIEF	10. LOCATION OF OFFICIAL STATION WASH., D.C.
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11. POSITION TITLE CHIEF WH DIVISION	12. POSITION NUMBER 0001	13. CAREER SERVICE DESIGNATION D
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14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0001.10	16. GRADE AND STEP 18 1	17. SALARY OR RATE 36,000
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18. REMARKS

*Super*

*Approved By DCI on 21 Dec 1973  
RWR*

18A. SIGNATURE OF REQUESTING OFFICIAL	DATE SIGNED	18B. [Signature]	VISING OFFICER	DATE SIGNED 27 Dec 73
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC: 510501 ALPHABETIC: WH	22. STATION CODE 70213	23. INTEGRAL CODE	24. HQ QTRS CODE 1	25. DATE OF BIRTH MO: 10, DA: 31, YR: 22	26. DATE OF GRADE MO: 12, DA: 23, YR: 73	27. DATE OF LEI MO: 12, DA: 23, YR: 73
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28. WTE EXPIRES MO: , DA: , YR:	29. SPECIAL REFERENCE	30. RETIREMENT DATA CODE:	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE: , MO: , DA: , YR:	33. SECURITY REG NO	34. SEX
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35. WFT PREFERENCE CODE: 0-NONE, 1-5 PT, 2-10 PT	36. SERV COMP DATE MO: , DA: , YR:	37. LONG COMP DATE MO: , DA: , YR:	38. CAREER CATEGORY CAR-RESV, PDSV/TEMP	39. FECL: HEALTH INSURANCE CODE: , HEALTH INS CODE:	40. SOCIAL SECURITY NO
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41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE: 0-NONE, 1-NONE, 2-BREAK IN SERVICE (LESS THAN 3 YEARS), 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED: CODE: , NO. TAX EXEMPTIONS:	44. STATE TAX DATA FORM EXECUTED: CODE: , NO. TAX EXEMPT. CODE:
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45. POSITION CONTROL CERTIFICATION 12/27/73	46. O.P. APPROVAL <i>Tom [Signature]</i>	DATE APPROVED 27 Dec/73
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FORM 8-73 1152

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 01-0332

EE-2 APDP

(4)



7/12/73

SECRET  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED 10 July 1973			
1. SERIAL NUMBER 024345		2. NAME (Last-First-Middle) PHILLIPS, DAVID A. ✓				COB			
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE REQUESTED MONTH: 07 DAY: 21 YEAR: 73		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS V TO V CF TO V		V TO CF CF TO CF		7. PAN AND NSCA 4135 4523 0001		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS OOO/WH DIVISION OFFICE OF THE CHIEF				10. LOCATION OF OFFICIAL STATION WASH., D.C.					
11. POSITION TITLE CHIEF, WH DIVISION				12. POSITION NUMBER 0001		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (G, L.B., etc.) GS		15. OCCUPATIONAL SERIES 0001.10		16. GRADE AND STEP 17-4		17. SALARY OR RATE \$ 36,000			
18. REMARKS WASH., D.C.									
1 - Security				E2 IMPDET					
1 - Finance				CL BY 007034					
18A. SIGNATURE OF REQUESTING OFFICIAL HENRY L. BERTHOLD, C/WH/PERS				DATE SIGNED 10 Jul 73		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>			
				DATE SIGNED		<i>[Signature]</i>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 56	20. EMPLOY. CODE 16	21. OFFICE CODING NUMERIC: 51050 ALPHABETIC: WH		22. STATION CODE 75013	23. INTEGER CODE	24. ROOTS - CODE 1	25. DATE OF BIRTH MO: 10 DA: 31 YR: 22	26. DATE OF GRADE MO: DA: YR:	27. DATE OF LEI MO: DA: YR:
28. WTE EXPIRES MO: DA: YR:	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-SS 2-DEG 3-FICA 4-RCBA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE: MO: DA: YR:		33. SECURITY REQ. NO	34. SEX	
35. VET PREFERENCE CODE: 0-NONE 1-5 PT 2-10 PT	36. SERV COMP DATE MO: DA: YR:	37. LONG COMP DATE MO: DA: YR:	38. CAREER CATEGORY CODE: LAB/RESV PROV/TIMP	39. FEGLI/HEALTH INSURANCE CODE: 0-WAITER 1-REG 2-REG/OPT 3-INELIGIBLE		40. SOCIAL SECURITY NO			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE: 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE: 1-YES 2-NO		44. STATE TAX DATA FORM EXECUTED CODE: 1-YES 2-NO		NO TAX EXEMP. CODE	STATE CODE	
45. POSITION CONTROL CERTIFICATION 11076-7-1178				46. APPROVAL <i>[Signature]</i>		DATE APPROVED 16 Jul 73			

6/11/73  
H

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 15 June 1973			
1. SERIAL NUMBER 024345		2. NAME (Last-First-Middle) PHILLIPS, DAVID A.							
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND DELEGATION OF <del>NOVA</del>				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 15 73		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		V TO CF		7. FINANCIAL ANALYSIS NO. 135 0620 0001			
		CF TO V		X CF TO CF		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS CDO/WH DIVISION OFFICE OF THE CHIEF				10. LOCATION OF OFFICIAL STATION WASH., D.C.					
11. POSITION TITLE 1st Secretary In Rel Off Chief, WH Division (14)				12. POSITION NUMBER 0001		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) FSR GS		15. OCCUPATIONAL SERIES 0001.10		16. GRADE AND STEP 02 3 17 4		17. SALARY OR RATE 33,051 PPS 38,057 \$ 36,000			
18. REMARKS FROM: DDO/WH/FOR FOLD/BR 3/[redacted]/0093 VICE THEODORE G. SHACKLEY Supergrade Blank- 77003 1 - Security 1 - Finance									
18A. SIGNATURE OF REQUESTING OFFICIAL H.L. BERTHOLD, C/WH/PERS				DATE SIGNED 15 Jun 73		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			
						DATE SIGNED 20 June 73			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 3710	20. EMPLOY CODE 51050	21. OFFICE CODING NUMERIC ALPHABETIC WH		22. STATION CODE 75013	23. INTEGREE CODE 5	24. HQ/RS CODE 1	25. DATE OF BIRTH MO DA YR 10 31 22	26. DATE OF GRADE MO DA YR	27. DATE OF LSI MO DA YR
28. NTE EXPIRES MO DA YR XX/XX/XX	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-CSC 2-ORGN 3-FICA 4-NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR		33. SECURITY REG. NO		34. SEX
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY LAW RESP PROV TEMP	39. FEDERAL HEALTH INSURABLE CODE CODE 0-WAIVER 1-REG 2-REG/OPT 3-INELIGIBLE	40. SOCIAL SECURITY NO				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMP STATE CODE			
45. POSITION CONTROL CERTIFICATION 11/18/73 6 21-78				46. OP APPROVAL Harry B. Fisher			DATE APPROVED 28 June 73		

G  
32

G  
54



OUTGOING MESSAGE

1				
2				
3				

OMF 0 0 0 0 0 0 0  
ADD EOP ACP TOG TPE SAGE

CLASSIFICATION  
**SECRET**

MESSAGE HANDLING INDICATOR  
**STAFF**

DATE-TIME GROUP  
191830Z

CRN  
**DIRECTOR**

MESSAGE REFERENCE NUMBER  
411279

CONF: 4/11/73 INFO: FILE DDO

**"EYES ONLY!"**

DISSEM BY: 28

PER 4/11/73 (FC)

INDEX  NUMBER  
 RETURN TO  
 FILES

TO: IMMEDIATE

RYBAT PLVUCADET

CHOADEN FROM PARDEE

REF:  [IN 921770]

1. I AM PLEASED TO INFORM YOU THAT YOU HAVE BEEN SELECTED AS CHIEF, WH DIVISION. YOUR APPOINTMENT WILL BE EFFECTIVE AT SUCH TIME AS YOU (AND YOUR FAMILY) CAN CONVENIENTLY RETURN TO THE WASHINGTON AREA.  ORDERS FOR YOUR MOVE WILL BE REQUESTED ON A PRIORITY BASIS ON <sup>12.1</sup> ~~11~~ MAY. WOULD APPRECIATE YOUR TENTATIVE SCHEDULE AS SOON AS PRACTICABLE.

946

2. YOUR SELECTION WILL BE ANNOUNCED EARLY THIS NEXT WEEK. THEREFORE, YOU SHOULD FEEL FREE TO INDICATE TO WHOMEVER YOU FEEL NECESSARY LOCALLY THE REASON FOR YOUR RETURN AND WHAT YOUR NEXT ASSIGNMENT WILL BE.

3. I WANT TO EXTEND MY PERSONAL CONGRATULATIONS ON YOUR SELECTION. I AM SURE YOU WILL HANDLE THIS VERY IMPORTANT ASSIGNMENT WITH THE SAME KIND OF EXCELLENCE, DEDICATION AND LEADERSHIP THAT HAVE CHARACTERIZED YOUR PAST ASSIGNMENTS.

DATE: 19 MAY 1973

ORIG:

UNIT: AC/UHD

EXT: 3366

CONCUR:

Harry B. Fisher  
 Director of Personnel

5/23/73  
 Date

RELASING OFFICER

COORDINATING OFFICERS

AUTHENTICATING OFFICER

CLASSIFICATION

REPRODUCTION BY OTHER THAN THE ISSUING OFFICE IS PROHIBITED

E 2 IMPDET

SECRET  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED 9 August 1972	
1. SERIAL NUMBER 024345		2. NAME (Last-First-Middle) PHILLIPS DAVID A			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 14 72		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS Y TO Y C/ TO Y		Y TO C/ C/ TO C/ X		7. FINANCIAL ANALYSIS NO. CHARGEABLE 3135 @ 1138	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH DIVISION FOREIGN FIELD BRANCH 3- [ ] STATION			10. LOCATION OF OFFICIAL STATION [ ]		
11. POSITION TITLE 1ST SECRETARY INT REL OFF CHIEF OF STATION			12. POSITION NUMBER 0093		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) FSR ES		15. OCCUPATIONAL SERIES 0136.05		16. GRADE AND STEP 03 7 17 3	
17. SALARY OR RATE 28022 ✓ \$ 36000 ✓					
18. REMARKS Vice Thomas J. Flores Approved 259a attached. <i>This is a general rank assignment in accordance with HR 20-172 (1)(c)</i> CLASSIFIED BY 5/10/00 EXEMPT FROM GENERAL DECLASSIFICATION SCHEDULE OF E.O. 11652 § 58(1), (2) (more) [ ] 1- Payroll					
18A. SIGNATURE OF REQUESTING OFFICIAL H.L. Berthold C/WH/Pers			DATE SIGNED 8/9/72		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]
DATE SIGNED 15/8/72					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 51745 WH 77003		22. STATION CODE 77003	23. INTEREST CODE 5
24. NTE EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-CC 2-ORGN 3-FICA 5-NONE		31. SEPARATION DATA CODE	32. CONNECTION CANCELLATION DATA TYPE MO. DA. YR.
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36. SERV. COMP DATE MO. DA. YR.	37. LONG COMP DATE MO. DA. YR.	38. CAREER CATEGORY CAR-BEST PROV TEMP	39. FEGLI HEALTH INSURANCE CODE 0-WAIVER 1-RES 2-BTS OPT 3-IRREGULAR	40. SOCIAL SECURITY NO.
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS STATE CODE
45. POSITION CONTROL CERTIFICATION			46. O P APPROVAL [Signature]		DATE APPROVED 15 Aug 72



SECRET

1. NAME (Last, First, Middle) SS# [redacted] Phillips, David A.		2. DATE OF BIRTH 31 Oct 22	3. GRADE GS-17
4. OFFICE, DIVISION, BRANCH (or overseas existing cover if lateral assignment) DDP/WH/ [redacted] X		5. PRESENT POSITION COS	6. EMPLOYEE EXTENSION 7431
7. PROPOSED STATION [redacted]		8. PROPOSED POSITION (Title, Number, Grade) COS/0093/GS-16	
9. TYPE OF COVER AT NEW STATION [redacted]		10. ESTIMATED DATE OF DEPARTURE August 1972	11. NO. OF DEPENDENTS TO ACCOMPANY YDLYX five
12. COMMENTS Vice: Thomas Flores Please schedule appointments for the week of 10 July. Mr. Phillips will not be occupying a specific language position. However, his tested Spanish proficiency of High reading and Intermediate Speaking and Understanding will add to the overall language requirements of the Station.			
13. DATE OF REQUEST 10 May 72	14. SIGNATURE OF REQUESTING OFFICIAL [redacted]	15. ROOM NUMBER AND BUILDING 3D 5309 Hqs	16. EXTENSION 7431
17. OFFICE OF MEDICAL SERVICES DISPOSITION			
18. OFFICE OF SECURITY DISPOSITION			
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION <p style="text-align: right;">3 May <del>11 May</del> 1972</p> QUALIFIED FOR PROPOSED ASSIGNMENT OVERSEAS <i>S. P. Lodge</i> Chairman, Overseas Candidate Review Panel			
REQUEST FOR PCS OVERSEAS EVALUATION			

SECRET  
When Filled In

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED 24 November 1971	
1 SERIAL NUMBER 024345		2 NAME (Last-First-Middle) Phillips, David A					
3 NATURE OF PERSONNEL ACTION Promotion				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 28 71		5 CATEGORY OF EMPLOYMENT Regular	
6 FUNDS		V TO V CF TO V		V TO CF CF TO CF		7 FINANCIAL ANALYSIS NO. CHARGEABLE 2135-0694-0000	
8 LEGAL AUTHORITY (Completed by Office of Personnel)							
9 ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 5				10 LOCATION OF OFFICIAL STATION Z			
11 POSITION TITLE Chief of Station (17)				12 POSITION NUMBER 0186		13 CAREER SERVICE DESIGNATION D	
14 CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15 OCCUPATIONAL SERIES 0136.05		16 GRADE AND STEP 17 3		17 SALARY OR RATE \$ 34,716	
18 REMARKS <i>* See De Janencio Change</i>							
cc: Payroll							
18A SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Robert W. Sheay</i>	
						24 Nov 71	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODES NUMERIC ALPHABETIC		22 STATION CODE	23 INTEGREE CODE	24 MONTHS CODE	25 DATE OF BIRTH MO. DA. YR.
		211 212		221 222	231 232	241 242	251 252 253
26 RET. EXP. DATE MO. DA. YR.	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-NS 2-CPUB 3-PLA 4-NONE		31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		33 SECURITY REQ. NO.
					EOD DATA		
35 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36 SERV COMP DATE MO. DA. YR.	37 LONG COMP DATE MO. DA. YR.	38 CAREER CATEGORY CAR REST PROV. TEMP		39 FEGLI HEALTH INSURANCE CODE CODE HEALTH INS CODE 0-WAIVER 1-REG 2-REG/OPT 3-IRREVERSIBLE		40 SOCIAL SECURITY NO.
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-BE BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44 STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE EXEMPT.		
			1-YES 2-NONE		1-YES 2-NONE		
45 POSITION CONTROL CERTIFICATION 11 26 71 167				46 OP APPROVAL Harry B. Fisher			DATE APPROVED 1 Dec 71

SECRET

72-0311

MEMORANDUM FOR: Director of Central Intelligence  
THROUGH : Deputy Director for Plans  
SUBJECT : Appointment of Mr. David A. Phillips, as  
Chief of Station, [redacted]

1. The appointment of Mr. David A. Phillips, GS-17, as Chief of Station, [redacted] effective on or about 15 July 1972 is recommended. Mr. Phillips would replace Mr. Thomas J. Flores.

2. Mr. Phillips has been with the Agency since 1952, first in a contract capacity, and since April 1955 as a staff employee. He is currently serving as Chief of Station [redacted]. He previously served as COS, [redacted] and in Mexico City, Havana, [redacted] and [redacted]. Mr. Phillips has a strong command of both Spanish and Portuguese. A biographic profile including information regarding his Agency experience and training is attached.

*William V. Broe*  
William V. Broe  
Chief

Western Hemisphere Division

1 Attachment  
Biographic Profile (Parts 1 and 2)

APPROVAL RECOMMENDED:

*[Signature]*  
Deputy Director for Plans

*17 Jan. 72*  
Date

SECRET



SECRET

-2-

SUBJECT: Appointment of Mr. David A. Phillips, as  
Chief of Station,

The recommendation in paragraph 1 is APPROVED:

Richard Helms  
Director of Central Intelligence

19 Jan 72  
Date

SECRET

Superior  
National Bank

SECRET

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED

2 January 1970

1 SERIAL NUMBER <b>024345</b>		2 NAME (Last-First-Middle) <b>PHILLIPS, DAVID A.</b>		3 NATURE OF PERSONNEL ACTION <b>REASSIGNMENT</b>		4 EFFECTIVE DATE REQUESTED MONTH: <b>01</b> DAY: <b>11</b> YEAR: <b>70</b>		5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>	
6 FUNDS V TO V CF TO V		V TO CF CF TO CF <input checked="" type="checkbox"/>		7 FINANCIAL ANALYSIS NO CHARGEABLE <b>0135 0694</b>		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATION <b>DDP/WH FOREIGN FIELD BRANCH 5</b>				10 LOCATION OF OFFICIAL STATION					
11 POSITION TITLE <b>CHIEF OF STATION (OO)</b>				12 POSITION NUMBER <b>0186</b>		13 CAREER SERVICE DESIGNATION <b>D</b>			
14 CLASSIFICATION SCHEDULE (G.S. IN 44) <b>GS</b>		15 OCCUPATIONAL SERIES <b>0136.05</b>		16 GRADE AND STEP <b>16 4</b>		17 SALARY OR RATE <b>\$27,549</b>			

18 REMARKS  
**FROM: DDP/WH/COG/OFF OF THE CH/POS #1105**  
**HOME BASE WH**  
**APPROVED 259a attached**  
*Wash. D.C.*

1 - Finance  
 2 - Security

18A SIGNATURE OF REQUESTING OFFICIAL <i>Henry L. Berthold</i> <b>HENRY L. BERTHOLD</b> C/WH/Pers	DATE SIGNED <b>1-1-70</b>	18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>Russell</i>	DATE SIGNED <b>1-7-70</b>
-----------------------------------------------------------------------------------------------------------	------------------------------	---------------------------------------------------------------------	------------------------------

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE <b>51</b>	20 EMPLOY CODE <b>10</b>	21 OFFICE CODING NUMERIC: <b>51736</b> ALPHABETIC: <b>WH</b>	22 STATION CODE <b>1705</b>	23 INTEGREE CODE <b>S</b>	24 POBTS CODE <b>3</b>	25 DATE OF BIRTH MO: <b>10</b> DA: <b>31</b> YR: <b>22</b>	26 DATE OF GRADE MO: DA: YR:	27 DATE OF LEI MO: DA: YR:
28 BTE EXPRES MO: DA: YR:	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-CSC 2-DRCAF 3-PICA 4-NONE	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA 1-YES 2-NO	EOD DATA →		33 SECURITY REQ NO	34 SEA
35 VET PREFERENCE CODE: 0-NONE, 1-1 YR, 2-10 YR	36 SERV COMP DATE MO: DA: YR:	37 LONG COMP DATE MO: DA: YR:	38 CAREER CATEGORY CODE: CAR RELV, PROB TEMP	39 FEGLI HEALTH INSURANCE CODE: 0-BALFF, 1-YES	40 SOCIAL SECURITY NO			
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE: 0-NO PREVIOUS SERVICE, 1-NO BREAK IN SERVICE, 2-20 YR IN SERVICE (LESS THAN 3 YEARS), 3-20 YR IN SERVICE (MORE THAN 3 YEARS)		42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED: 1-YES, 2-NO		44 STATE TAX DATA FORM EXECUTED: 1-YES, 2-NO			

45 POSITION CONTROL CERTIFICATION

46 OP APPROVAL  
*[Signature]*

DATE APPROVED  
**5 Jan 70**

G 57

G 40



SECRET

1. NAME (Last, First, Middle) <b>Phillips, David A.</b>		2. DATE OF BIRTH <b>10/31/22</b>	3. GRADE <b>GS-16</b>
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) <b>DDP/WH/COG</b>		5. PRESENT POSITION <b>Branch Chief</b>	6. EMPLOYEE EXTENSION <b>7451</b>
7. PROPOSED STATION <b>[Redacted]</b>		8. PROPOSED POSITION (Title, Number, Grade) <b>COS, # 0186, GS-00</b>	
9. TYPE OF COVER AT NEW STATION <b>[Redacted]</b>		10. ESTIMATED DATE OF DEPARTURE <b>o/a 28 Dec. '69</b>	11. NO. OF DEPENDENTS TO ACCOMPANY <b>7</b>
12. COMMENTS <b>Vice Robert D. Gahagen</b> <b>[Redacted]</b> <b>Form DS-1686 to be forwarded</b>			
13. DATE OF REQUEST		14. SIGNATURE OF REQUESTING OFFICIAL <i>[Signature]</i> <b>CSPS</b>	15. ROOM NUMBER AND BUILDING <b>3D 5309</b>
16. EXTENSION <b>6815</b>			
17. OFFICE OF MEDICAL SERVICES DISPOSITION			
18. OFFICE OF SECURITY DISPOSITION			
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION <b>29 DEC 69</b> <b>7260 R</b>			
<b>REQUEST FOR PCS OVERSEAS EVALUATION</b>			

UNCLASSIFIED

CONFIDENTIAL

CONFIDENTIAL

SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Appointment of Mr. David W. Phillips as Chief of Station, [redacted]

FROM:

Secretary, TNC

EXTENSION

NO.

DATE

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1. Chairman, PNC

[redacted] is a GS-17 position.

2.

Mr. Phillips' current assignment as Chief, Cuban Operations Group plus previous overseas tours in WH Div. including a tour as Chief of Station, [redacted] qualify him for the proposed assignment as Chief of Station, [redacted]

3. ADOP

4.

5. DDP

6.

7. XNNX DCI

Mr. Phillips has been highly effective as a senior member of WH Div., both at Headquarters and in the field. His relations with his co-workers and subordinates have always been excellent and his liaison with State Department representatives has been marked by good will and mutual respect.

8. [redacted] 1 CC. HOS

9. Chairman, PNC

NOTE: Above statement prepared by WH Division.

10.

11. Secretary, TNC GG10

Mr. Galagan has been recalled from the Station. The DCOS Mr. Stewart J. Barton, GS-15, will serve as Acting COS until the arrival of Mr. Phillips in January 1970.

12.

13.

14.

15.

SECRET

9-4209

8 AUG 1953

MEMORANDUM FOR: Director of Central Intelligence

THROUGH : Deputy Director for Plans

SUBJECT : Appointment of Mr. David A. Phillips as Chief of Station, [redacted]

1. The appointment of Mr. David A. Phillips, GS-16, as Chief of Station, [redacted], effective on or about 15 January 1970 is recommended. Mr. Phillips would replace Mr. Robert D. Gahagen.

2. Mr. Phillips has been an employee of the Agency since 1951 initially in a contract capacity. He has served in [redacted] Havana, [redacted] Mexico City and most recently as Chief, Cuban Operations Group. Mr. Phillips

[redacted]

ture. A biographic profile including information regarding his Agency experience and training is attached.

Signed William V. Droe

William V. Droe  
Chief  
Western Hemisphere Division

Attachment  
Biographic Profile (Parts 1 and 2)

SECRET

[redacted]



SECRET

- 2 -

SUBJECT: Appointment of Mr. David A. Phillips as Chief of  
Station, [redacted]

APPROVAL RECOMMENDED:

/s/ Thomas H. Harman

8 OCT 1950

Deputy Director for Plans

Date

The recommendation in paragraph one is APPROVED:

[redacted]

1 OCT 1950

Director of Central Intelligence

Date

Distribution:

- Original & 2 - Addressee
- 2 - DDP
- 1 - C/WHD
- 1 - C/CSS
- 1 - C/WH/5
- 1 - C/WH/SS
- 1 - C/WH/Personnel

DDP/WH/PLRS/[redacted] (5 August 1950)

SECRET

23 October 1968

MEMORANDUM FOR: Secretary, Clandestine Services  
Career Service Board

SUBJECT : Recommendation for Promotion to  
GS-16: David A. Phillips

1. Mr. David A. Phillips is strongly recommended for promotion to GS-16 and is ranked Number 2 in WH Division's preference for promotion in that grade.

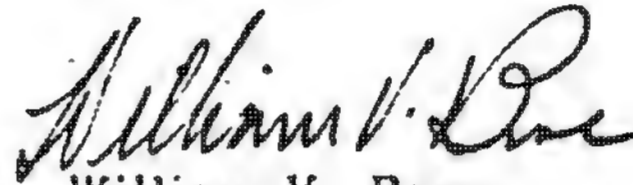
2. Mr. Phillips stands out among his peers as a true Clandestine Services operator. He has had a range of operational assignments enjoyed by few Clandestine Services officers. He served in Cuba, [redacted] Mexico and the [redacted]. His functional assignments have included Contract Agent, Operations Officer [redacted] [redacted] Chief of Station, and he is currently assigned as Chief, Cuban Operations Group. In regard to his tour as Chief of Station, [redacted] I cite the following quote made by [redacted] the [redacted] concerning the turbulent events in his country during his tenure:

"You know," he said, "looking back over those months when things seemed pretty bleak, two names come immediately to mind as able and effective representatives of the United States. They are Ellsworth Bunker and David Phillips."

203/02-1  
100-1061



3. Mr. Phillips has the intelligence, language capability, personality, management and operational ability to move forward steadily in this Agency and he is now ready for promotion to GS-16. I urge you to act affirmatively on this promotion recommendation.



William V. Broe

Chief

Western Hemisphere Division

4-00000

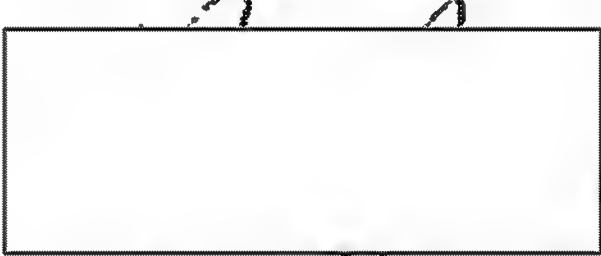
S-E-C-R-E-T.

27 February 1969

MEMORANDUM FOR: Chief, WH Division

SUBJECT: Briefing at DO Base Chiefs' Conference  
by Mr. David A. Phillips

I should like to express my thanks to you for having made available Mr. David A. Phillips to brief the DO Base Chiefs' Conference on 17 February 1969. His briefing was extremely lucid and helpful and expressly commended by all Conference participants. Please convey to him my personal appreciation of his efforts.

  
Chief, DO Division

S-E-C-R-E-T

SECRET

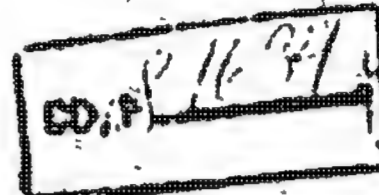
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1 SERIAL NUMBER 024345						2 NAME (Last-First-Middle) PHILLIPS, David A.	
3 NATURE OF PERSONNEL ACTION <b>PROMOTION</b>				4 EFFECTIVE DATE REQUESTED MONTH: 12 DAY: 15 YEAR: 68		5 CATEGORY OF EMPLOYMENT Regular	
6 FUNDS		7 FINANCIAL ANALYSIS NO CHARGEABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATIONS DDP/WH WH/COG Office of the Chief		10 LOCATION OF OFFICIAL STATION Washington, D. C.					
11 POSITION TITLE Ops Officer-Ch			12 POSITION NUMBER 1105		13 CAREER SERVICE DESIGNATION D		
14 CLASSIFICATION GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 16 4		17 SALARY OR RATE \$25,118	
18 REMARKS							
18A SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i> Secretary, CSCS Board	
						DATE SIGNED 9 Dec 68	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODES NUMERIC ALPHABETIC		22 STATION CODE	23 INTEGRITY CODE 5	24 REGIONS CODE 1	25 DATE OF BIRTH MO. DA. YR. 12 15 68
26 DATE OF GRADE MO. DA. YR.	27 DATE OF LEI MO. DA. YR.	28 NTE EXPIRES MO. DA. YR.	29 SPECIAL REFERABLE	30 RET. PAYMENT DATA COOB	31 SEPARATION DATA CODE	32 CORRECTION (RECALLATION) DATA TYPE MO. DA. YR.	33 SECURITY REQ. NO
34 SEX	35 NET PREFERENCE CODE 0-BOISE 1-5 FT 2-10 FT	36 SERV COMP DATE MO. DA. YR.	37 LONG COMP DATE MO. DA. YR.	38 CAREER CATEGORY LGR RES PRIO TEMP	39 LEGAL HEALTH INSURANCE CODE CODE 0-NAIVE 1-YES	40 SOCIAL SECURITY NO	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO		44 STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-YES 2-NO	
45 POSITION CONTROL CERTIFICATIONS				46 OFF APPROVAL <i>[Signature]</i>			DATE APPROVED 13 Dec 68





VOICE OF AMERICA  
UNITED STATES INFORMATION AGENCY  
WASHINGTON, D.C. 20547



April 15, 1968

Dear Dave:

I thought you would be pleased about a reference to you which came up in the course of a longish conversation last night with

[redacted] about the turbulent events in his country three years ago.

"You know," he said, "looking back over those months when things seemed pretty bleak, two names come immediately to mind as able and effective representatives of the United States. They are Ellsworth Bunker and David Phillips."

I thought such a pleasant echo of a rough period would help heal your ulcers.

Cordially,

Richard G. Cushing  
Deputy Director

Mr. David A. Phillips  
8224 Stone Trail Drive  
Carderock Springs  
Bethesda, Md. 20034

SECRET  
18, Nov. 1964 Ed.

REQUEST FOR PERSONNEL ACTION

DATE PREPARED  
30 August 1967

1 SERIAL NUMBER 024345  
2 NAME (Last-First-Middle) PHILLIPS, David A.

3 NATURE OF PERSONNEL ACTION REASSIGNMENT  
4 EFFECTIVE DATE REQUESTED MONTH 9 DAY 10 YEAR 67  
5 CATEGORY OF EMPLOYMENT REGULAR

6 FUNDS  
7 FINANCIAL ANALYSIS NO CHARGEABLES 8/35 0620  
8 LEGAL AUTHORITY (Completed by Office of Personnel)

9 ORGANIZATIONAL DESIGNATIONS DDP/WH WH/COG OFFICE OF THE CHIEF  
10 LOCATION OF OFFICIAL STATION WASH., D.C.

11 POSITION OPS OFFICER-CH  
12 POSITION NUMBER 1105  
13 CAREER SERVICE DESIGNATION D

14 CLASSIFICATION SCHEDULE (GS, etc.) GS  
15 OCCUPATIONAL SERIES 0136.01  
16 GRADE AND STEP 15 5  
17 SALARY \$ 19,978

18 REMARKS  
FROM: DDP/WH/ [ ] STATION  
[ ]  
Security Approved Granted by Pers. SD/GS 8/31/67  
[ ] 9/11/67  
1 - [ ]  
1 - [ ]

18A SIGNATURE OF REQUESTING OFFICER Henry L. Oberthold C/WH/Pers  
DATE SIGNED 9/11/67  
18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER [ ]  
DATE SIGNED [ ]

64  
54

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL  
19 ACTION CODE 37  
20 EMPLOY. CODE 10  
21 OFFICE CODING NUMERIC 51500 ALPHABETIC WH  
22 STATION CODE 75013  
23 INTEGREE CODE 5  
24 HDQTRS CODE 1  
25 DATE OF BIRTH 11/31/32  
26 DATE OF GRADE  
27 DATE OF LEI  
28 NTE EXPIRES  
29 SPECIAL REFERENCE  
30 RETIREMENT DATA  
31 SEPARATION DATA CODE  
32 CORRECTION/CANCELLATION DATA  
33 SECURITY REQ NO  
34 SEX  
35 VET PREFERENCE  
36 SERV COMP DATE  
37 LONG COMP DATE  
38 CAREER CATEGORY  
39 FEED. HEALTH INSURANCE  
40 SOCIAL SECURITY NO  
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE  
42 LEAVE CAT. CODE  
43 FEDERAL TAX DATA  
44 STATE TAX DATA  
45 POSITION CONTROL CERTIFICATION  
46 OP APPROVAL  
DATE APPROVED 8 Sept 67

SECRET  
(When Filled In)

25 October 1966

David A. Phillips

MEMORANDUM FOR: [REDACTED]

THROUGH :

SUBJECT : Notification of Designation as a Participant in the Organization Retirement and Disability System

REFERENCE : Book Dispatch 5096 dated 12 August 1965

1. You have been found to be qualified as a participant in the Organization Retirement and Disability System and have been so designated effective 23 October 1966.

2. Although such designation under present statutes is viewed favorably by most persons, the regulation governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interests. In order that this technical requirement may be satisfied, you are hereby notified of your right to appeal. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this memorandum or acceptance of designation will be assumed. Any questions that you may have in connection with your designation that cannot be answered by referring to referenced Book Dispatch should be forwarded to Headquarters.

3. We believe that the benefits of the Organization Retirement System are superior to the benefits of the Civil Service Retirement System. However, there are a few situations in which an employee *at the time of retirement* may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service System. Because of this, the policy decision has been made that a participant in the Organization System who would receive a higher annuity under the Civil Service System may, not later than one year prior to his retirement, apply to be removed from our system and transferred to the Civil Service System. Thus, you should not anticipate this contingency as a factor in deciding whether you regard your designation as a participant adverse to your best interests.



SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification



David A. Phillips

**CONFIDENTIAL**

24 October 1966

**MEMORANDUM FOR:** Chief, WH Division

**THROUGH** : Deputy Director for Plans

**SUBJECT** : Commendation

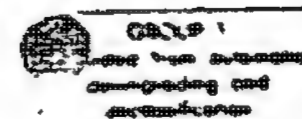
1. The [redacted] Station has distinguished itself by especially meritorious service during the past year and has made a major contribution toward the advancement of the objectives of the United States Government in a critical situation. One year ago the people of the [redacted] were facing a dismal future. Today, while the future remains uncertain, the prospects for eventual stability have been immeasurably increased. Several Departments and Agencies of the United States Government engaged in an effort to bring this about. I believe that the role of the CIA in the [redacted] during the past year was a crucial one. The highly effective performance of the [redacted] and the Base [redacted] was the result of the combined efforts of each officer and employee stationed there. These men and women gave unsparingly of their time, energy and brain power. Their efforts were sustained over a long period under stressful circumstances. Now, while our long-term mission continues, a significant milestone has been reached and it is most appropriate at this time to grant this special recognition for a job well done to all members of the CIA team in the [redacted] during the year ending June 30, 1966.

2. I should like to commend each member of the Station who contributed to this noteworthy performance and request that a copy of this commendation be placed in individual personnel files as appropriate.



Richard Helms  
Director of Central Intelligence

**CONFIDENTIAL**



**SECRET**  
(If Any Filled In)

C-34

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>4 October 1966</b>							
1 SERIAL NUMBER <b>024345</b>		2 NAME (Last-First-Middle) <b>PHILLIPS, DAVID A.</b>											
3 NATURE OF PERSONNEL ACTION <b>DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM</b>				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR <b>10 23 66</b>		5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>							
6 FUNDS		V TO V CF TO V		V TO CF CF TO CF		7 FINANCIAL ANALYSIS NO CHARGEABLE <b>7135-0875</b>							
		<b>X</b>				8 LEGAL AUTHORITY (Completed by Office of Personnel) <b>PL 88-643 Sect. 203</b>							
9 ORGANIZATIONAL DESIGNATIONS  <b>DDP/WH</b>				10 LOCATION OF OFFICIAL STATION									
11 POSITION TITLE				12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION <b>D</b>							
14 CLASSIFICATION SCHEDULE (G.S. L.B. etc.)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP <b>15</b>		17 SALARY OR RATE <b>\$</b>						
18 REMARKS <b>EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.</b>													
18A SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER*							
<b>SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL</b>													
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE	23 INTEGREE CODE	24 MONTHS CODE		25 DATE OF BIRTH MO DA YR.		26 DATE OF GRADE MO DA YR.		27 DATE OF LEI MO DA YR.	
28 NTE EXPIRES MO DA YR.		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-USE 3-FICA 5-NONE CODE <b>2</b>		31 SEPARATION DATA CODE	32 CORRELATION CANCELLATION DATA TYPE MO DA YR.		<b>EOD DATA</b> →		33 SECURITY REQ NO	34 SEX		
35 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36 SERV COMP DATE MO DA YR.		37 LONG COMP DATE MO DA YR.		38 CAREER CATEGORY EAR RESV PROV TEMP		39 FEGLI HEALTH INSURANCE CODE 0-NONIVER 1-YES		40 SOCIAL SECURITY NO				
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 1-NO PREVIOUS SERVICE 2-BREAK IN SERVICE 3-BREAK IN SERVICE (LESS THAN 3 YEARS) 4-BREAK IN SERVICE (MORE THAN 3 YEARS)				42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO		44 STATE TAX DATA FORM EXECUTED 1-YES 2-NO						
45 POSITION CONTROL CERTIFICATION  <b>10-13 C.C.N.</b>						46 O.P. APPROVAL  See memo signed by D/Pers dated <b>10 OCT 1966</b>		DATE APPROVED					

CONFIDENTIAL  
(When Filled In)

<b>NOTICE OF CREDITABLE SERVICE</b> [FOR LEAVE PURPOSES]		<input type="checkbox"/> VOUCHERED
		<input checked="" type="checkbox"/> UNVOUCHERED
NAME (Last, First, Middle) PHILLIPS, David A.		SERIAL NO. 004345
OFFICE (and Division) DDP/WH Foreign Field Branch ?		
ORIGINAL	SERVICE COMPUTATION DATE (Mo - da - yr)	
X CORRECTION	01-15-53	
THIS DATE 7-01-66	SIGNATURE (Office of Personnel)	
	[Signature Box]	

FORM 171 OBSOLETE PREVIOUS EDITIONS. 5-63

CONFIDENTIAL

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

(4)



SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 27 JULY 1965			
1 SERIAL NUMBER 024345		2 NAME (Last-First-Middle) PHILLIPS, DAVID A.							
3 NATURE OF PERSONNEL ACTION REASSIGNMENT				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR JUN 6 65		5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS V TO V CF TO V		V TO CF XX CF TO CF		7 COST CENTER NO CHARGE ABLE 6135 0875		8 LEGAL AUTHORITY (Completed by Office of Personnel)			
9 ORGANIZATIONAL DESIGNATIONS DDP/WII FOREIGN FIELD BRANCH 2 STATION				10 LOCATION OF OFFICIAL STATION					
11 POSITION TITLE <del>CHIEF OF STATION</del> (CHIEF OF STATION)				12 POSITION NUMBER 0274		13 CAREER SERVICE DESIGNATION D			
14 CLASSIFICATION SCHEDULE (GS, LE, etc.) GS		15 OCCUPATIONAL SERIES 0136.05		16 GRADE AND STEP 15 4		17 SALARY OR RATE \$ 18,170			
18 REMARKS FROM: DDP/WII/BRANCH 1/MEXICO CITY, MEXICO/STATION/0340/ MEMORANDUM SENT TO DDCT VIA DDP REQUESTED THE APPOINTMENT OF MR. PHILLIPS AS COS, STATION APPROVED ON 13 APRIL 1965. MR. PHILLIPS REPLACED MR. EDWIN M. TERRELL WHO HAS BEEN ASSIGNED TO WII/BRANCH 2/HEADQUARTERS, EFFECTIVE 6 JUNE 1965. FORM 259 HAS BEEN SUBMITTED Security Approval Granted by Pers. SD/OS 7/22/65 LCC shiles									
18A SIGNATURE OF REQUESTING OFFICER ROBERT D. CASHMAN C/WII/PERS			DATE SIGNED 29 July 65		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED 8/3/65		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 51650 WH		22 STATION CODE 19039	23 INTEGREE CODE	24 HOURS CODE 3	25 DATE OF BIRTH MO DA YR 10 31 42	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR
28 NTE EXPIRES MO DA YR XXIX 21 X		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-CSE 2-FICA 3-YOBE		31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA TYPE MO DA YR EOD DATA		33 SECURITY REQ NO	34 SEX
35 VET PREFERENCE CODE 3-NONE 1-5 PT 2-10 PT	36 SERV COMP. DATE MO DA YR		37 LONG COMP DATE MO DA YR		38 CAREER CATEGORY CAR RST PROV TEMP	39 FEGLI HEALTH INSURANCE CODE CODE 3-RAVIER 1-YES		40 SOCIAL SECURITY NO	
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO		44 STATE TAX DATA FORM EXECUTED 1-YES 2-NO		NO. TAX EXEMPT	STATE CODE
45 POSITION CONTROL CERTIFICATION 8-3-65 46					40. O.P. APPROVAL		DATE APPROVED 8/3/65		

S-E-C-R-E-T

CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D.C. 20505

TO : David A. Phillips

SUBJECT: TDY in

Most of you who went down to  departed with so much speed and so little ceremony that there was no time to explain the importance and urgency of your assignments. Now that you have served there during the crisis, the importance of the task needs no embellishment from us, but you should know that the contribution of the augmented Station was decisive in shaping the policies and actions of the government and in avoiding several major mistakes. For weeks after the  revolution, our Station reporting was literally the only source of information that the United States had on the role of Communism among the rebel forces and on conditions outside the capital.

Many fine things were done in the Station and in the hinterland by all of you. Manning the check-points under fire, flying to remote and hostile villages, moving tons of supplies through the gauntlet of the communications line, toiling over midnight reports, and keeping open our country's only commo link -- all these things were commonplace. The dedication, discipline, and routine of our personnel placed them in a class apart.

To the sense of pride and accomplishment you must already feel, I want to add the gratitude and admiration of the DDP and of the Agency.



Richard Helms  
Deputy Director of Central Intelligence

S-E-C-R-E-T

SECRET

5-1746

12 APR 1965

65-1911

MEMORANDUM FOR: Deputy Director of Central Intelligence

VIA : Deputy Director for Plans

SUBJECT : Appointment of Mr. David A. Phillips as Chief of Station, [redacted]

1. The appointment of Mr. David A. Phillips as Chief of Station, [redacted] effective on or about 15 October 1965, is recommended. Mr. Phillips would replace Mr. Edwin M. Terrell.

2. Mr. Phillips was employed in a contract status from 1952 to 1955 and became a Staff Employee in April 1955. He resigned from the Agency in August 1958 to enter private business. In March 1960 he returned to the Agency as a staff employee and is presently assigned as Operations Officer, Mexico City, Mexico, GS-15. A biographic data sheet, giving more detailed information on Agency experience and training, is attached.

R. W. Healy  
Desmond Fitzgerald  
Chief

Western Hemisphere Division

1 Attachment  
Biographic Profile (Part 1)

APPROVAL RECOMMENDED:

*[Signature]*

Deputy Director for Plans

(Date)

The recommendation in paragraph 1 is APPROVED:

*[Signature]*  
Deputy Director of Central Intelligence

20 Apr. 1965  
(Date)

SECRET

[Stamp]



SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 024345						2. NAME (Last-First-Middle) PHILLIPS, DAVID A	
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09   29   63		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
<input type="checkbox"/> V TO V <input type="checkbox"/> CF TO V <input checked="" type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF		1355700 1000					
9. ORGANIZATIONAL DESIGNATION DDP WH BRANCH 3 MEXICO CITY MEXICO STATION				10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO			
11. POSITION TITLE OPS OFFICER				12. POSITION NUMBER 0340		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 0 3		17. <del>15.015</del> 15.52.5	
18. REMARKS  This is a PRA in accordance with HR 20-21c(1) for 2 years							
18a. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN, C/WH/PERS				DATE SIGNED 9/27/63		18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]	
19. ACTION CODE		20. SERVICE NO.		21. STATION CODE		22. DATE OF BIRTH	
23. DATE OF LEAVE		24. DATE OF DEPARTURE		25. DATE OF ENTRY		26. DATE OF DEPARTURE	
27. DATE OF LEAVE		28. DATE OF DEPARTURE		29. DATE OF ENTRY		30. DATE OF DEPARTURE	
31. DATE OF LEAVE		32. DATE OF DEPARTURE		33. DATE OF ENTRY		34. DATE OF DEPARTURE	
35. VET PREFERENCE		36. SERA. COMP. DATE		37. LONG COMP. DATE		38. SOCIAL SECURITY NO.	
39. VET PREFERENCE		40. SERA. COMP. DATE		41. LONG COMP. DATE		42. SOCIAL SECURITY NO.	
43. VET PREFERENCE		44. SERA. COMP. DATE		45. LONG COMP. DATE		46. SOCIAL SECURITY NO.	
47. VET PREFERENCE		48. SERA. COMP. DATE		49. LONG COMP. DATE		50. SOCIAL SECURITY NO.	
51. POSITION CONTROL CERTIFICATION				52. D.P. APPROVAL		53. DATE APPROVED	

SECRET

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED 17 August 1961	
1. STC NO. (SEE INSTRUCTIONS)		2. NAME (Last, First, Middle) PHILLIPS, David A.			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE OF ACTION MONTH DAY YEAR 8 25 61		5. CATEGORY OF EMPLOYMENT Regular
6. FLIGHT		V TO V	V TO CF	7. COST CENTER NO. (CHARGEABLE)	
		CF TO V	CF TO CF	1135-5700-1000	
8. ORGANIZATIONAL DESIGNATIONS			9. LOCATION OF OFFICIAL STATION		
7 BDP/AR Branch 3 Mexico City Mexico Station			Mexico City, Mexico		
10. POSITION TITLE			11. POSITION NUMBER	12. PER CONTROL NO.	13. CAREER SERVICE DESIGNATION
Ops. Officer			340		
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)		15. OCCUPATIONAL SERIES		17. SALARY OR RATE	
GS		0136.01		112,750 ✓	
18. REMARKS No sick and 12 hours annual leave to be transferred to the Dept. of State					
19A. SIGNATURE OF REQUESTING OFFICIAL M. Honey, Cover Officer, 10104			19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. STC NO.	21. ACTION	22. DATE	23. OFFICER	24. STATION	25. COMMENTS
55 10	64700	6/11	45015	3	10.31.22
26. APPROVAL					
27. POSITION CONTROL CERTIFICATION					
28. APPROVAL					

SECRET

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 28 June 1961	
1. SERIAL NUMBER 024345		2. NAME (Last-First-Middle) PHILLIPS, DAVID A.			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED 08 15 61		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS		7. COST CENTER NO. CHARGEABLE 2135 5700 1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DIP WH BRANCH 3 MEXICO CITY, MEXICO STATION			10. LOCATION OF OFFICIAL STATION MEXICO CITY, MEXICO		
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER -340		13. EARLIER SERVICE DESTINATION D
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS 14		15. OCCUPATIONAL SERIES 0136.01		17. SALARY US RATE 12,730	
16. REMARKS From: DDP/WH/4/BA-624/Wash., D.C. Subject scheduled to integrate o/a 16 August 1961. It is requested that this action be made effective no later than 6 August 1961. 1 copy to Security. Security Approval Granted by Pers. SO/OS 7/12/61 6/22/61					
18A. SUPERVISING OFFICER			18B. APPROVING OFFICER		
PAGE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. OFFICE CODE 37	20. EMPLOYMENT CODE 10	21. POSITION NO. 64700	22. PAY GRADE WH	23. PAY RATE 45075	24. GRADE AND STEP 3 10 31 22
25. DATE OF ACTION		26. DATE OF ACTION		27. DATE OF ACTION	
28. DATE OF ACTION		29. DATE OF ACTION		30. DATE OF ACTION	
31. DATE OF ACTION		32. DATE OF ACTION		33. DATE OF ACTION	
34. DATE OF ACTION		35. DATE OF ACTION		36. DATE OF ACTION	
37. POSITION CONTROL CERTIFICATION			38. U.S. APPROVAL		
71 Kearney 5/15/61					

7

SECRET

FORM 1152

(10)



SECRET

12473

29 June 1961

MEMORANDUM FOR THE RECORD

SUBJECT: David A. Phillips

On 14 June 1961 the undersigned reviewed with Mr. David A. Phillips his career development prospects for the next five year period. We agreed that the following represented a desirable and fairly firm goal in this respect:

a. In general his future training and field experience should place sufficient stress on the CI and FI fields to avoid the career confinement of strict CA specialization.

b. His next assignment would be a normal field tour in Mexico City. Upon return from that assignment, he would receive up to six months training to be followed by an assignment to the CA Staff (or the organizational successor thereof). One of his primary undertakings in the CA Staff would be to develop what might best be termed "ideological warfare" (e. g., a search for basic ideas and concepts with wide appeal) as opposed to the normal propaganda approach (e. g., a running debate on current events).

(Signature)

RICHARD M. BISSELL, JR.  
Deputy Director  
(Plans)

cc: ASIA (Pers)  
Attn Panel A  
Mr. Phillips  
Thru C/WH  
OP/RSD

NY 10006

NY 10006

SECRET

NY 10006

SECRET

1 June 1961

MEMORANDUM FOR: Chief, Finance Division  
FROM : Chief, WH/4/Support  
SUBJECT : Premium Pay

Due to the recent reduction in heavy workload requirements, the following employees are no longer entitled to Premium Pay. It is requested that this entitlement be discontinued effective c.o.b. 10 June 1961. The salaries are chargeable to Allotment #535-5000-8021:

[REDACTED]  
BROWN, Fravel S.

[REDACTED]  
CARTWRIGHT, Cecil J.

KENT, William M.  
MORALES, David S.  
MURRAY, William J.

[REDACTED]  
PHILIPS, David A.

[REDACTED]  
REYNOLDS, Robert

[REDACTED]  
[REDACTED]  
Chief, WH/4/Support

Distribution:  
2 - Chief, Finance Division (ea. employee)  
2 - Director of Personnel (ea. employee)

SECRET

**SECRET**

### REQUEST FOR PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Vac. Pref.		5. Sex		6. CS - EOD					
					Mo.	Da.	Yr.	None	Code			Mo.	Da.	Yr.			
7. SCD		8. CSC Rmt.		9. CSC Or Other Legal Authority			10. Appt. Affidav.		11. FEGLI		12. LCD		13. Ann. Serv. Exempt. Etc.				
Mo.	Da.	Yr.	Yes-1	Code				Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code
			No-2								No-2					No-2	

### PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
SCS DEVELOPMENT DEPARTMENT											
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept.	Code										
USfld.											
Frgn.											
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
		\$				Mo.	Da.	Yr.	Mo.	Da.	Yr.

### ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		5/4		Mo. Da. Yr.		REGULAR		0/1			
				07/1/60							

### PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP WH BRANCH 4				4211		WASH., D. C.					
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept.	Code	OPS OFFICER				13-14		GS		0136.01	
USfld.	1					BA-624					
Frgn.											
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
14 3		\$ 11835		D		Mo.	Da.	Yr.	Mo.	Da.	Yr.
										0135 1000 1000	

### SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
WH/PERSONNEL OFFICER			
B. For Additional Information Call (Name & Telephone Ext.)			
JOHN WASHINKO X8242			

### CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control		7-15-60	E.		
C. Classification			F. Approved By		7-15-60

Remarks: Staffing Complement Change.

2 copies to Security.

**SECRET**



**SECRET**  
**SECRET**  
**FOR PERSONNEL ACTION**

1. Serial No. <b>4345</b>		2. Name (Last-First-Middle) <b>PHILLIPS, DAVID A.</b>		3. Date Of Birth Mo. Da. Yr. <b>10 31 22</b>		4. Vet. Prod. Name-0 Code <b>5 1 10 P-S</b>		5. Sex <b>M - W</b>		6. CS-ECG Mo. Da. Yr. <b>3 14 60</b>	
7. SCD Mo. Da. Yr. <b>1 1 54</b>		8. CSC Point Yes-1 Code No-2 <b>1</b>		9. CSC Or Other Legal Authority <b>USCA 4035</b>		10. Apmt Affidav. Mo. Da. Yr. <b>3 4 60</b>		11. REG-1 Yes-1 Code No-2 <b>1</b>		12. LCD Mo. Da. Yr. <b>4 5 60</b>	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations <b>OPTIONAL ASSIGNMENT</b>		Code <b>WR</b>		15. Location Of Official Station		Station Code	
16. Dept. - Field Dept. - Code USfld - Frgn -		17. Position Title <b>WR</b>		18. Position No.		19. Serv.	
20. Occup. Series		21. Grade & Step <b>5</b>		22. Salary Or Rate		23. SD	
24. Date Of Grade Mo. Da. Yr.		25. PSI Due Mo. Da. Yr.		26. Appropriation Number			

**ACTION**

7. Nature Of Action <b>EXCEPTED APPOINTMENT*</b>		Code <b>11</b>		28. Eff. Date Mo. Da. Yr. <b>3 14 60</b>		29. Type Of Employee <b>REGULAR</b>		Code		30. Separation Date	
-----------------------------------------------------	--	-------------------	--	------------------------------------------------	--	----------------------------------------	--	------	--	---------------------	--

**PRESENT ASSIGNMENT**

31. Organizational Designations <b>CS/CS DEVELOPMENT COMPLEMENT DDP WH DIVISION</b>		Code <b>4658</b>		32. Location Of Official Station <b>WASHINGTON, D. C.</b>		Station Code	
33. Dept. - Field Dept. - Code USfld - Frgn -		34. Position Title <b>OPS OFFICER</b>		35. Position No. <b>63146-C</b>		36. Serv. <b>GS</b>	
37. Occup. Series <b>0136.01</b>		38. Grade & Step <b>14 3</b>		39. Salary Or Rate <b>\$11,835</b>		40. SD <b>D</b>	
41. Date Of Grade Mo. Da. Yr. <b>3 14 60</b>		42. PSI Due Mo. Da. Yr. <b>1 17 61</b>		43. Appropriation Number <b>0320-1998</b>			

**SOURCE OF REQUEST**

A. Requested By (Name And Title) <b>John Washinko WH/PERSONNEL OFFICER</b>		C. Request Approved By (Signature And Title) <i>[Signature]</i>	
B. For Additional Information Call (Name & Telephone Ext.) <b>John Washinko X6242</b>			

**CLEARANCES**

Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board		<i>[Signature]</i>		<b>11/27/59</b>		D. Placement					
B. Pos. Control		<i>[Signature]</i>		<b>2-9-60</b>		E					
C. Classification						F. Approved By		<i>[Signature]</i>		<b>2/5/60</b>	

Remarks  
\*See DIR 10716 (OUT 83837) released by DDP on 16 January 1960. Proposed EOD date is 22 February 1960. *Transfer: given to DDP's approval by using 2 copies to Security Office. Phillips advised that employee is [unclear]*

*68*

*02 12 54*

*DC.*

*Received  
2/22/60*

*APK [unclear]*

OFFICE OF PERSONNEL

RESIGNATION

I Resign For The Following Reason:

FLY 4 2 37 PM '60

MAIL ROOM

My Last Working Day Will Be

This Date (Date Of Signature)

Signature

Forward Communications, Including Salary Checks And Bonds, To The Following Address (Number, Street, City, Zone, State):

I have resigned for personal reasons in order to accept a position  
of a higher nature in the government service. I am sorry to  
leave you and hope you will find me in the future.

*Office Memorandum* • UNITED STATES GOVERNMENT

TO : File

DATE 18 March 1960

FROM :

SUBJECT: PHILLIPS, DAVID A.

Effective date of CA is 19 Aug 1958, per Mr. Toomey, x2823

This time is creditable for LCD only, per Mr. Stevens.

Mr. Phillips was same as independent contractor, per Lyle Miller, x3039.

*He*



David Phillips

Per Mr. Washburn x 8 v 12

Phillips is presently contract Agent.  
and (a staff employee)

DDP approval per Bisell via Cable  
will be here to Food 1 March.

WH - has already contacted <sup>(Cytone)</sup> Security  
and they will grant clearance, subject  
to poly.

Kennedy (MC) has copies of 89 (on  
Phillips, wife and children). He says  
OK to enter on duty, but will  
be subject to medical when on  
duty.

Phillips will be in (8 Feb) now.  
for TOY and will have poly at  
that time (1:00 pm)

2-8-60 - ~~Phillips~~ poly will be in  
at 1:00 pm 14 March. N-60

**SECRET**  
(When Filled In)

REQUEST FOR SECURITY CLEARANCE				REQUEST NO. 11-85/CS 1-3573 LAY. CO. 11	
NAME (LAST, FIRST - MIDDLE) PHILIP, DAVID A. LANE				YEAR OF BIRTH (29-30) 1922	
POSITION TITLE OPS OFFICER		POSITION NUMBER (31 - 36)	OCCUP. CODE (37 - 42) 0136-01	GRADE (43-44) GS-11	
LOCATION (CITY, STATE, COUNTRY) Washington, DC		ASSIGNMENT (OFFICE, DIVISION, BRANCH) ERP/WH Division GS/CS Dev Corp		ORGN. CODE (45-49) 1600	
TYPE OF APPLICANT	REGULAR <input type="checkbox"/>	CONSULTANT <input type="checkbox"/>	CONVERSION AL (10M)	IF OTHER, SPECIFY: CONTRACT to SK	TYPE OF APPL. (49) 7
NAME OF REQUESTER (OR OFFICIAL) G. V. Stewart/hc		TYPE OF ASSIGNMENT AND FUNDS			NOGTRB & FUND (50) 1
CLEARANCE REQUIRED	PROVISIONAL FOR (INDICATE NAME OF POOL OR GROUP)			SECRET <input checked="" type="checkbox"/>	CLEARANCE (51) 3
ATTACHMENTS	PERSONAL HISTORY STATEMENT <input type="checkbox"/>	APPENDIX I <input type="checkbox"/>	REQUEST FOR WAIVER <input type="checkbox"/>	RECRUIT. CODE (52-54) 001	
VETERANS STATUS	PHOTOGRAPHS <input type="checkbox"/>	APPENDIX II <input type="checkbox"/>	REPORT OF INTERVIEW <input type="checkbox"/>	VET PREF. & SEX (55) 1	
	MALE - VETERAN <input checked="" type="checkbox"/>	FEMALE - VETERAN <input type="checkbox"/>			
	MALE - NON-VETERAN <input type="checkbox"/>	FEMALE - NON-VETERAN <input type="checkbox"/>			
<p><u>PLEASE EXPEDITE</u></p> <p>Mr. Washinko, WH Division, advises that Mr. Osborne (Office of Security) has indicated that subject would be granted immediate security clearance, subject to poly.</p> <p>Former Staff Employee. Your Case #1,0696.</p> <p>Presently Contract Agent.</p> <p>HAND CARRY</p> <p><input type="checkbox"/> SO <input type="checkbox"/> OTF</p>					
SPACE BELOW FOR OS USE ONLY					

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  INTERNAL USE ONLY   
  CONFIDENTIAL   
  SECRET

### ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM: *JW*  
 WH/Personnel

NO. \_\_\_\_\_  
 DATE: 22 January 1960

TO: (Officer designation, room number, and building)

	DATE		OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
	RECEIVED	FORWARDED		
1. WH/Pers Ofcr	<i>JW</i>		<i>JW</i>	Service as CA with agency, no creditable service RCD, but not SCD. - 3-14-60 per Gene Stinson  Please coordinate with _____ per his conversation with Mr. _____ WH/Pers on 22 Jan 60.  Send 259 p to Mr Kennedy MO. stating 89's have been forwarded to MO on Phillips, wife and all children. <i>See to MO 7-10-60</i> For record - 15 Mar - 8:30
2.				
3. C/WH/Support	JAN 25 1960		<i>MR</i>	
4.				
5. WH/Pers				
6. <i>Paul A.</i>	JAN 26 1960	1/27	<i>RG</i>	
7. CS/PO 2120 I Bldg.	<i>JLH</i>		<i>JLH</i>	
8.				
9. <i>MRS CARRIOTT</i>				
10. <i>CURIE</i>				
11.				
12.				
13.				
14. <i>P</i>				
15.				



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### ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

NEA/ADAM/Personnel  
1001 Bldg. X8671

NO.

DATE

6 August 1958

TO: (Officer designation, room number, and building)

DATE

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

NEA/B & F

8/6

LD

2.

3.

~~NEA/ADAM~~  
NEA, 1510

4.

5.

NEA/PERSONNEL

6.

7.

CS/CS PANEL (Section A) 2100L

13 AUG 1958

AUG 13

8.

CPD

ask 15 Aug 58

9.

~~OFFICE OF PERSONNEL~~

10.

C/CPD

11.

2102-L

12.

13.

14.

15.

14-92-16-4

Employee had following:

Security debriefing  
CPD  
Finance  
Logistics

F. Hlewald

1, 13, 00, 4, 1

In your signature  
Please - True Resp.

FORM 1 DEC 56

610

USE PREVIOUS EDITIONS

**SECRET**

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INTERNAL USE ONLY

UNCLASSIFIED

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INTERNAL USE ONLY

CONFIDENTIAL

**SECRET**

### ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM: NEA/ADM/Personnel  
1103 I Bldg. x8671

NO.

DATE

16 May 1957

TO: (Officer designation, room number, and building)

DATE

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

NEA/B & P

*ELP*

2.

3.

NEA/TRG

*20 May*

*9*

4.

5.

NEA/PERSONNEL

*20 May*

*9*

*CNEA*

*approved by DC/NEA & PD*

7.

WH DIVISION

*22 May 22 JCB*

*Please attach covered fitness report*

8.

9.

CS/CS PANEL (Section A) 2309L

*MAY 21 1957*

*10 June Pat*

*Latest Fitness Report for period February-September 1956 is in file. Shortly after this period sub, set was returned for TOI with NEA.*

10.

PED

*20/6/57*

*4/21/57*

*2088*

11.

OFFICE OF PERSONNEL

*MAY 21 1957*

*25 JUN 1957*

*713*

12.

*CPD Room 401*

*10/6*

*26 June*

*26 June*

*Robt*

*WHPER*

13.

*Here*

*Sheel*

*261 using 20 June 57*

*cont # 542*

14.

*Chief/CPD*

*For your signature*

*TO support check of need, submitted to you 19 June 57*

15.

CONNECT PERSONNEL DIVISION  
Ext 5505

FORM 1 DEC 56 610 USE PREVIOUS EDITIONS

**SECRET**

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SECRET  
(WHEN FILLED IN)

REPORT OF SEPARATION			DATE
			18 August 1958
SERVICE DESIGNATION DP			
1. NAME (LAST, FIRST, MIDDLE) <i>[Handwritten]</i>	2. DATE OF BIRTH 10/31/22	3. JOB TITLE Ops Officer (PP)	4. GRADE GS-14
2. OFFICE DDP/NEA	6. DIVISION DDP/NEA	7. BRANCH Egypt & Arab States Br.	
8. LONGEVITY COMPUTATION DATE 4/1/55	9. DATE OF RESIGNATION 13 Aug 58	10. SEPARATION CATEGORY 1,13,00,4,1	
11. DATE EXIT INTERVIEW	12. NAME OF EXIT INTERVIEWER		
13. REMARKS  To enter Private Business  This is for record only no exit interview conducted  <i>[Handwritten mark]</i>			
14. <input type="checkbox"/> IS <input type="checkbox"/> IS NOT RECOMMENDED FOR RE-EMPLOYMENT		16. <input type="checkbox"/> IS <input type="checkbox"/> IS NOT RECOMMENDED FOR RE-EMPLOYMENT	
SIGNATURE OF SUPERVISOR		SIGNATURE OF PERSONNEL RELATIONS OFFICER	
15. <input type="checkbox"/> IS <input type="checkbox"/> IS NOT RECOMMENDED FOR RE-EMPLOYMENT			
SIGNATURE OF PLACEMENT OFFICER			

FORM NO. 971 REPLACES FORM 27-154  
1 MAY 56 WHICH IS OBSOLETE

SECRET



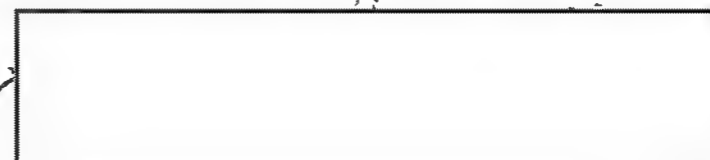
## Office Memorandum • UNITED STATES GOVERNMENT

TO : The record

DATE: 15 Aug 58

FROM :  /CPD (Staff Agent Branch)SUBJECT: *Phillips*  
~~Phillips~~

1. This is certification that during the Personnel interview with Mr. ~~Phillips~~ on 7 Aug 58 he specifically stated that he did not want an SF-8 (Unemployment Compensation Program) sent to the DDP/NEA Division.
2. Subject coordinated with CCB 7 Aug 58 re: retirement (all services were being combined and sent to the CSC)
3. Subject had intention of checking B & C re: Hospitalization, Mutual Insurance & Conversion of FEGLI.



11 August 1958.

I receive from Central Intelligence Agency  
effective class of business Wednesday 13th  
5/ August, 1958.

Doris C. [unclear]

4804 WINSBURN ST.  
FORT WORTH, TEXAS

**SECRET**  
(When Filled In)

DATE PREPARED			<b>REQUEST FOR PERSONNEL ACTION</b>						V to V			V to UV											
Mo	Da	Yr							UV to V			UV to UV											
3	6	58																					
1. Serial No.			2. Name (Last-First-Middle)			3. Date of Birth			4. Var. Pref.			5. Sex			6. CS - EOD								
			<i>William P. Fairbridge</i>			Mo Da Yr 10 31 22			None No Pr-2			M			Mo Da Yr								
7. SCD			8. CSC Refmt.			9. CSC Or Other Legal Authority			10. Appt. Affidav.			11. FEGLI			12. LCD			13. MIL. SERV. CREDIT					
Mo Da Yr			Yes - 1 No - 2			Code			Mo Da Yr			Yes - 1 No - 2			Mo Da Yr			Yes - 1 No - 2			Code		

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP/NEA PROJECT ANNEX EGYPT & ARAB STATES BRANCH PROJECT PECTATE											
16. Dept.-Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. Valid. Frgn. Code		CPS. OFFICER (PI)				REP 8127		GS		0136.31	
21. Grade & Step		22. Salary Or Rate		23. SO		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
14 3		\$ 11,835.00		DP		Mo Da Yr		Mo Da Yr		9-331-91-215	

**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
RESIGNATION*		Ed		8 13 58		REGULAR (SA)					

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
33. Dept.-Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. Valid. Frgn. Code											
38. Grade & Step		39. Salary Or Rate		40. SO		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
						Mo Da Yr		Mo Da Yr			

**SOURCE OF REQUEST**

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)	
FRANK J. DEWALT, Jr., NEA/SS/PERSONNEL		<i>[Signature]</i>	
B. For Additional Information Call (Name & Telephone Ext.)			
Shirley M. Ryan ext. 6971			

**CLEARANCES**

Clearance		Date		Clearance		Signature		Date	
A. Career Board		1958-13		D. Placement					
B. Pos Control				E.					
C. Classification				F. Approved By		<i>[Signature]</i>		11/1/58	

Remarks  
\*See reverse side.  
*Employee had following assignments - Security - Personnel - Civilian and Project - Employee is being by the...*



SECRET  
(When Filled In)  
RESIGNATION

Resign For The Following Reason:

ENTER PRIVATE BUSINESS

Last Working Day Will Be

Oct 13 Aug 58

This Date (Date Of Signature)

12 Aug 58

Signature

*[Handwritten Signature]*

Forward Communications, Including Salary Checks And Bonds, To The Following Address (Number, Street, City, Zone, State):

4804 WRENHURU - FORT WORTH, TEXAS

SECRET

STANDARD FORM 52  
REQUEST FOR PERSONNEL ACTION UNVOUCHERED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname) *(1) David Phillips* 2. DATE OF BIRTH *31 Oct. 1922* 3. REQUEST NO. 4. DATE OF REQUEST *16 May '57*

5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) *Reassignment (Staff Grade)* 6. EFFECTIVE DATE & PROPOSED *30 APRIL 1957* 7. C.S. OR OTHER LEGAL AUTHORITY *10 June 57*

8. POSITION (Specify whether establish, change grade or title, etc.) FROM - *Ops. Off. (PP) BAF 125* TO - *Ops. Off. (PP)*

9. SERVICE GRADE AND SALARY *GS-0136.31-14 \$10,535.00 p.a.* 10. ORGANIZATIONAL DESIGNATIONS *DDP/WE Branch III Havana, Cuba - STAG* 11. HEADQUARTERS *Havana, Cuba* 12. FIELD OR DEPARTMENTAL  FIELD

A. REMARKS (Use reverse if necessary) *Transferred from Ops. Off. to NEA. Date 11 July 57. Original: Proposed for assignment to NEA. Copy: Security - 16 May 57.*

B. REQUESTED BY (Name and title) *T. J. Hester, NEA/ADM/PERSONNEL* D. REQUEST APPROVED BY *[Signature]*

E. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) *Shirley Matthews ext. 8671* Title: *[Blank]*

13. VETERAN PREFERENCE *10 POINT* 14. POSITION CLASSIFICATION ACTION *NEW* *16 JUNE 57*

15. 16. 17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) *Yes* 18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) 19. LEGAL RESIDENCE STATE:  CLAIMED  PROVED

20. STATE OF RESIDENCE *Havana, Cuba* *Present letter o.k. per Kler. 8 July 57. Fontana taking care of equal. All outst.*

21. CLEARANCES INITIAL OR SIGNATURE DATE REMARKS  
A. *[Blank]*  
B. CEIL OR POS CONTROL *[Signature]* *25 JUN 57*  
C. CLASSIFICATION *[Signature]* *21 JUN 57*  
D. PLACEMENT OR EMPL. *[Signature]* *14 JUNE 57*

F. APPROVED BY *[Signature]* SECRET

10 JUL 1957

16-6447-8

SECRET

STANDARD FORM 52  
 REQUEST FOR PERSONNEL ACTION

UNVOUCHERED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, etc. Use full name, initials, and surname) <i>Howard [redacted]</i>	2. DATE OF BIRTH 31 Oct 1922	3. REQUEST NO.	4. DATE OF REQUEST 7 May 1956
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment (Staff Agent)		6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: JUN 3 1956	

FROM— Ops Officer (PP)      EAF-125	B. POSITION TITLE AND NUMBER	TO— Ops Officer (PP)      EAF-125
	C. SERVICE, GRADE, AND SALARY GS-0136.31-14      \$10320.00 p.a.	
	D. ORGANIZATIONAL DESIGNATIONS DDP/MH Branch III HAVANA-CUBA-STATION Havana, Cuba	
	E. HEADQUARTERS	
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	F. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (DP)

A. REMARKS (Use reverse if necessary)

New T/O

POSTED ON  
 11 May 56

USED IN LIEU OF SF50  
 NOTIFICATION OF PERSONNEL ACTION

B. REQUESTED BY (Name and title)

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)

D. REQUEST APPROVED BY

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

13. VETERAN PREFERENCE	14. POSITION CLASSIFICATION ACTION
NONE   WITH OTHER SPT   15 PART DISAB   OTHER	NEW   VICE   1 A   2 SEAL SD-DP

15. SEX M	16. RACE W	17. APPROPRIATION FROM: 6-3365-55-355 TO: Same	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT'S (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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21. STANDARD FORM 50 REMARKS

CONCUR  
 APPROVED  
 PP Career Service  
 1956

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CEIL. OR P.S. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	BEH 5/17/56		
E.			
F. APPRO			

SECRET



STANDARD FORM 52  
 PREPARED BY THE  
 PERSONNEL DIVISION  
 ARMY AND AIR FORCE  
 BUREAU COPY 11

**REQUEST FOR PERSONNEL ACTION**

UNVOUCHERED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One for initials, and surname) <i>Levin Phillip</i>	2. DATE OF BIRTH 31 Oct 1922	3. REQUEST NO.	4. DATE OF REQUEST 16 Jan 56
----------------------------------------------------------------------------------	---------------------------------	----------------	---------------------------------

5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Excepted Appointment (Staff Agent)</b>	6. EFFECTIVE DATE A. PROPOSED:	7. C.S. OR OTHER LEGAL AUTHORITY
--------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------	-------------------------------------

8. POSITION (Specify whether establish, change grade or title, etc.)	B. APPROVED: <b>FEB 7 1956</b>
----------------------------------------------------------------------	-----------------------------------

FROM—	9. POSITION TITLE AND NUMBER	TO—
	10. SERVICE, GRADE, AND SALARY	Ops Officer (PP) <b>RAF-125</b>
	11. ORGANIZATIONAL DESIGNATIONS	GS-0136.31-14 \$10,320.00 p.o.s.
	12. HEADQUARTERS	DDP/WH
		Havana, Cuba.
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (PP)

A. REMARKS (Use reverse if necessary)

B. REQUESTED BY	C. REQUEST APPROVED BY <i>/CAW</i>
D. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)	Signature: _____ Title: _____

13. VETERAN PREFERENCE	14. POSITION CLASSIFICATION ACTION
NONE WAR OTHER 5-PT. 10 POINT DISAB. OTHER <b>X</b>	NEW VICE L.A. REAL <b>SD-DP</b>

15. SEX <b>M</b>	16. RACE <b>W</b>	17. APPROPRIATION FROM: _____ TO: <b>6-3545-55-055</b>	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <b>Yes</b>	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: _____
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21. STANDARD FORM 50 REMARKS

Approved JAN 4 1956  
*[Signature]*  
 APPROVED Service  
 CONTRACT PERSONNEL DIVISION  
**FEB 7 1956**

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEIL. OR POS CONTROL		23 JAN 1956	
C. CLASSIFICATION			
D. PLACEMENT ON EMPL.	<i>[Signature]</i>	118/56	

F. APPROVED BY  
*[Signature]*

STANDARD FORM 52  
 PREVIOUS EDITIONS BY THE  
 U. S. ARMY, NAVY, AIR FORCE,  
 JOINT CHIEFS OF STAFF, MARINE  
 CORPS, AND COAST GUARD  
 ARE OBSOLETE

**REQUEST FOR PERSONNEL ACTION**

**BOUCHERED**

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
 If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One given name, initial(s), and surname) <b>Mr. David A. PHILLIPS</b>	2. DATE OF BIRTH <b>31 Oct 1922</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>1956 16 January 1</b>
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Resignation</b>		6. EFFECTIVE DATE A. PROPOSED:	7. C S OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED: <b>FEB 6 1956</b>	

FROM— <b>Ops Officer BW-229 OS-0136, 31-14 \$10,320.00 p.s.g. DDP/PP Operations Staff Information Coordination Division Office of the Chief Washington, D. C.</b>	B. POSITION TITLE AND NUMBER	TO—
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	C. SERVICE, GRADE, AND SALARY	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL
	D. ORGANIZATIONAL DESIGNATIONS	
	E. HEADQUARTERS	
	F. FIELD OR DEPARTMENTAL	

A. REMARKS (Use reverse if necessary)  
*Concurred in with Mr. Simpson Staff/ICD/PP by phone 3 Feb 1956.  
 To seek other employment. K.L.W.*

B. REGISTERED	D. REQUEST APPROVED BY Signature: <i>ZG/WH</i>
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <i>X 4457</i>	Title:

13. VETERAN PREFERENCE NONE   WWII   OTHER   5-PT.   10-POINT <input checked="" type="checkbox"/> DISAB   OTHER	14. POSITION CLASSIFICATION ACTION NEW   VICE   1 A   REAL <b>SD-CP</b>
-----------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

15. SEX <b>M</b>	16. RACE <b>W</b>	17. APPROPRIATION FROM: <b>6-2105-20</b> TO:	18. SUBJECT TO C S RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
---------------------	----------------------	----------------------------------------------------	--------------------------------------------	------------------------------------------------------	---------------------------------------------------------------------------------------------------

21. STANDARD FORM 50 REMARKS

Approved by *[Signature]*  
 per F. Bear, Jr 18 Jan '56

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL OR POS CONTROL		<b>23 JAN 1956</b>	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL	<i>[Signature]</i>	<i>[Signature]</i>	
E.			

F. APPROVED BY *[Signature]* per F. Bear, Jr 18 Jan '56

STANDARD FORM 52  
 FORM 6410 (1-55)  
 U. S. CIVIL SERVICE COMMISSION  
 BUREAU OF PERSONNEL  
 BRANCH, CHAPTER 33

**REQUEST FOR PERSONNEL ACTION**

**VOUCHERED**

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
 If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs. - One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
MR. DAVID A. PHILLIPS	31 Oct '22		16 Sept. '55
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
REASSIGNMENT (CORRECTION)			
8. POSITION (Specify whether establish, change grade or title, etc.)		9. APPROVED	

FROM	10. POSITION TITLE AND NUMBER	TO
Paramilitary Off. BW-156		Ops Officer BW-229
GS-0136.11-14 \$9600 p/a 10,320	11. SERVICE GRADE AND SALARY	GS-0136.31-14 \$9600 p/a 10,320
DDP/PP Operations Staff Office of the Chief	12. ORGANIZATIONAL DESIGNATIONS	DDP/PP Operations Staff Information Coordination Div. Office of the Chief
Washington, D. C.	13. HEADQUARTERS	Washington, D. C.
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	14. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

To correct allotment number shown in action effective 14 Aug '55

B. REQUEST APPROVED BY	15. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)
PP/Admin	Frances A. Taylor - x-8606

16. VETERAN PREFERENCE	17. POSITION CLASSIFICATION ACTION																											
<table border="1"> <tr> <th>NAME</th> <th>WAR</th> <th>OTHER</th> <th>SPT</th> <th>ENPOINT</th> </tr> <tr> <td></td> <td></td> <td></td> <td>X</td> <td>DEAS OTHER</td> </tr> </table>	NAME	WAR	OTHER	SPT	ENPOINT				X	DEAS OTHER	<table border="1"> <tr> <th>NEW</th> <th>VICE</th> <th>L.A.</th> <th>REAL</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>SD:DP</p>	NEW	VICE	L.A.	REAL													
NAME	WAR	OTHER	SPT	ENPOINT																								
			X	DEAS OTHER																								
NEW	VICE	L.A.	REAL																									
18. APPROPRIATION	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE																										
<table border="1"> <tr> <th>15</th> <th>16</th> <th>17</th> </tr> <tr> <th>SEA</th> <th>RACE</th> <th>FROM</th> </tr> <tr> <td>N</td> <td>W</td> <td>6-2101-20</td> </tr> <tr> <td></td> <td></td> <td>TO: 6-2105-20</td> </tr> </table>	15	16	17	SEA	RACE	FROM	N	W	6-2101-20			TO: 6-2105-20	<table border="1"> <tr> <th>18</th> <th>19</th> </tr> <tr> <th>PERCENT TO C.S. RETIREMENT ACT (YES-NO)</th> <th>DATE</th> </tr> <tr> <td>Yes</td> <td></td> </tr> </table>	18	19	PERCENT TO C.S. RETIREMENT ACT (YES-NO)	DATE	Yes		<table border="1"> <tr> <th>20</th> <th>21</th> </tr> <tr> <th>CLAIMED</th> <th>PROVED</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">STATE: <u>Calif</u></td> </tr> </table>	20	21	CLAIMED	PROVED	<input type="checkbox"/>	<input type="checkbox"/>	STATE: <u>Calif</u>	
15	16	17																										
SEA	RACE	FROM																										
N	W	6-2101-20																										
		TO: 6-2105-20																										
18	19																											
PERCENT TO C.S. RETIREMENT ACT (YES-NO)	DATE																											
Yes																												
20	21																											
CLAIMED	PROVED																											
<input type="checkbox"/>	<input type="checkbox"/>																											
STATE: <u>Calif</u>																												

Approved SEP 20 1955  
 PP/Career Service

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CER. OR POS CONTROL		9/3 24/55	
C. CLASSIFICATION			
D. PLACEMENT OR EMP.		9/21/55	
E.			
F. APPROVED BY: <i>[Signature]</i> per [Signature] 22 Sept 55			



STANDARD FORM 52  
 PREPARED BY THE  
 U. S. CIVIL SERVICE COMMISSION  
 JOINTLY WITH FEDERAL PERSONNEL  
 MANUAL, CHAPTER 6

VOUCHERED

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
 If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.-Miss-Mrs.- One given name, initial(s), and surname) <b>MR. DAVID <sup>A.</sup> PHILLIPS</b>		2. DATE OF BIRTH <b>31 Oct. 1922</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>1 July 1955</b>
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>Reassignment</b>		6. EFFECTIVE DATE A. PROPOSED:		7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: <b>14 Aug 55</b>		
FROM— <b>Paramilitary Off. BW-156</b> <b>10320</b> <b>GS-0136.11-14 \$9500 p/a</b> <b>DDP/PP Operations Staff</b> <b>Office of the Chief</b> <b>Washington, D.C.</b>	9. POSITION TITLE AND NUMBER	10. TO— <b>Ops Officer BW-229</b> <b>10320</b> <b>GS-0136.31-14 \$9500 p/a</b> <b>DDP/PP Operations Staff</b> <b>Information Coordination Div.</b> <b>Office of the Chief</b> <b>Washington, D.C.</b>	11. ORGANIZATIONAL DESIGNATIONS	12. HEADQUARTERS
13. FIELD <input type="checkbox"/> DEPARTMENTAL <input checked="" type="checkbox"/>		14. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		

A. REMARKS (Use reverse if necessary)

For record purposes only

Approved JUL 14 1955  
*N. M. Crocker*  
 PP/Career Service

B. REQUESTED	D. REQUEST APPROVED BY
	<i>N. M. Crocker</i>
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>Frances A. Taylor, x 8605</b>	Signature: Title:

13. VETERAN PREFERENCE				14. POSITION CLASSIFICATION ACTION				
NONE	WAI	OTHER	5 PT.	10 POINT	NEW	VICE	L.A.	REAL
			X	DISAB OTHER				
15. SEX	16. RACE	17. APPROPRIATION		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		20. LEGAL RESIDENCE
M	W	FROM: 5-2101-20	TO: 6-2101-20			<b>27 Apr 55</b>		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <b>CA</b>

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEIL OR POS CONTROL	<i>8-1</i>	<i>27 Jul 55</i>	
C. CLASSIFICATION			
D. PLACEMENT OR ENPL	<i>7-B</i>	<i>8-1</i>	
E			

F. APPROVED BY  
*[Signature]* per *Beary 1 Aug 55*

SECRET

<b>ENTRANCE ON DUTY NOTICE</b>		7 June 1955	
TO: [Redacted]		DDP/PP	
<p>THE PERSONNELL FILE OF THE EMPLOYEE MUST BE MAINTAINED IN THE TYPE OF CLEARANCE STATUS LISTED IN THIS NOTICE. THE STATUS LISTED FROM 150 FOR ENTRANCE ON DUTY HAS BEEN MADE A PART OF THE PERSONNEL FILE OF THIS INDIVIDUAL. THIS IS NOT TO BE USED FOR ENTRY ON DUTY.</p>			
NAME: <b>Phillips, David A.</b>		POSITION TITLE AND GRADE: <b>Paramilitary Off. GS-14</b>	
EFFECTIVE DATE OF ACTION: <b>1 April 1955</b>		TYPE CLEARANCE: <b>Full</b>	
REMARKS: [Blank]			
<u>H. G. Reynolds sop</u> <small>DISTRIBUTION: ORIGINAL AND COPY (WHITE) TO ITEM NO. 3. COPY (PINK) TO PERSONNEL FOLDER</small>			

FORM NO. 37-118 PREVIOUS EDITIONS NOT TO BE USED  
NOV 1952

SECRET

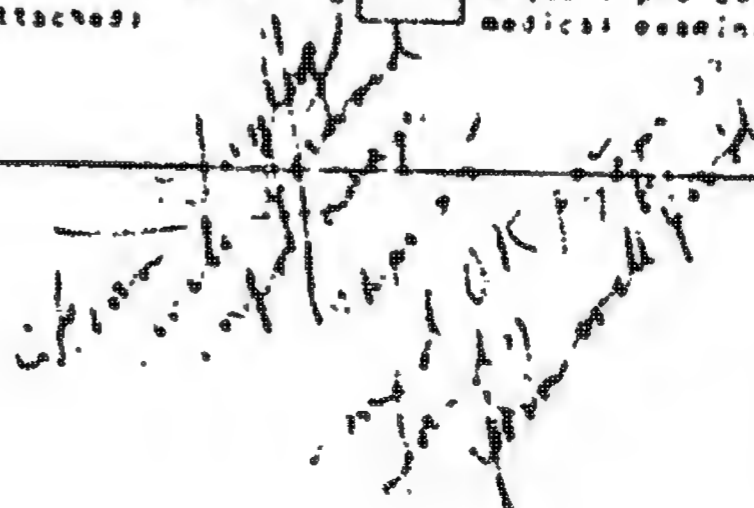
CONFIDENTIAL

<b>REQUEST FOR PRE-EMPLOYMENT MEDICAL EVALUATION</b>		1. DATE: 4/7/55	
2. NAME (Last) (First) (Middle): <b>Phillips, David Atlas</b>		3. SUSPENSE DATE (110 WORKING DAYS):	
4. ORGANIZATIONAL ASSIGNMENT: <b>DDP/PP</b>		5. POSITION TITLE (and grade): <b>Paramilitary Off. GS-14</b>	
6. PERSONNEL DIVISION: <input checked="" type="checkbox"/> Overt <input type="checkbox"/> Covert			
<p>7. THE MEDICAL OFFICE IS REQUESTED TO CHECK THE DESIRED ACTION, RETURNING THE ORIGINAL COPY OF THIS FORM TO THE APPROPRIATE PERSONNEL DIVISION NO LATER THAN THE SUSPENSE DATE INDICATED IN ITEM NO. 3.</p> <p>A <input checked="" type="checkbox"/> Approve processing for E.O.D.    B <input type="checkbox"/> Hold pending receipt of additional medical information (form letters attached)    C <input type="checkbox"/> Request pre-employment medical examination  D <input type="checkbox"/> Rejected for medical reasons</p>			
8. Remarks:  <p style="text-align: center;">This (approval) <del>request</del> supersedes the previous (hold) <del>request</del></p> <p style="text-align: center;"><u>H. G. Reynolds</u> SIGNATURE FOR MEDICAL OFFICE</p>			

FORM NO. 37-163  
FEB 1953

CONFIDENTIAL

CONFIDENTIAL

<b>REQUEST FOR PRE-EMPLOYMENT MEDICAL EVALUATION</b>		2. DATE: 30 March 1955	
3. NAME (Last) (First) (Middle): <b>Phillips, David Atlas</b>		3. SUSPENSE DATE (110 WORKING DAYS):	
4. ORGANIZATIONAL ASSIGNMENT: <b>DDP/PP</b>		5. POSITION TITLE (and grade): <b>Paramilitary Off. GS-14</b>	
6. PERSONNEL DIVISION: <input checked="" type="checkbox"/> Overt <input type="checkbox"/> Covert			
<p>7. THE MEDICAL OFFICE IS REQUESTED TO CHECK THE DESIRED ACTION, RETURNING THE ORIGINAL COPY OF THIS FORM TO THE APPROPRIATE PERSONNEL DIVISION NO LATER THAN THE SUSPENSE DATE INDICATED IN ITEM NO. 3.</p> <p>A <input type="checkbox"/> Approve processing for E.O.D.    B <input checked="" type="checkbox"/> Hold pending receipt of additional medical information (form letters attached)    C <input type="checkbox"/> Request pre-employment medical examination  D <input type="checkbox"/> Rejected for medical reasons</p>			
8. Remarks: <p>ADDITIONAL MEDICAL INFO ON: (4-6-55)</p> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 5px;"></div> <p style="text-align: right;">  </p>			

CONFIDENTIAL

REQUEST FOR SECURITY CLEARANCE				SR-6038-PP	
				31 March 1955	
FULL NAME Phillips, David		SURNAME Atlas		YEAR OF BIRTH 1922	
POSITION TITLE Paramilitary Off. PP DW-156-11			GRADE GS-11		CODE
LOCATION (OFFICE) DDP/PP		CODE	DIVISION Operations Staff		CODE
			BRANCH Office of Chief		CODE
GEOGRAPHIC DESTINATION (CITY AND STATE OR COUNTRY, AS APPROPRIATE) Washington, D. C.					
TYPE OF EMPLOYEE <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> CONTACT <input type="checkbox"/> CONSULTANT <input type="checkbox"/> MILITARY					
FUNDS <input type="checkbox"/> VOUCHERED <input type="checkbox"/> UNVOUCHERED					
TYPE(S) OF SECURITY CLEARANCE REQUESTED <input type="checkbox"/> PROVISIONAL FOR: (Show name of pool or group) <input type="checkbox"/> SECRET <input checked="" type="checkbox"/> FULL <input type="checkbox"/> WAIVER					
AVAILABILITY DATE (Mo-No-Yr) ASAP		EST. CLEARANCE DATE (Mo-Yr)		RECRUITMENT SOURCE	
				CODE DL	
SEX AND VETERAN STATUS 1. <input type="checkbox"/> M-V 2. <input checked="" type="checkbox"/> M-NV 3. <input type="checkbox"/> F-V 4. <input type="checkbox"/> F-NV					
REMARKS:  NO CORRECTION					
Attachments: FHS 1 (S) 1 (otf) Append. 1 4-II-1 Photos.					
				_____ Director of Personnel ep	



UNCLASSIFIED

CONFIDENTIAL

SECRET

### ROUTING AND RECORD SHEET

INSTRUCTIONS: Officer designations should be used in the "TO" column. Under each comment a line should be drawn across sheet and each comment numbered to correspond with the number in the "TO" column. Each officer should initial (check mark insufficient) before further routing. This Routing and Record Sheet should be returned to Registry

FROM: <i>PP/CS</i>				TELEPHONE NO.	NO.	
				DATE	<i>3 March 55</i>	
TO	ROOM NO.	DATE		OFFICER'S INITIALS	TELEPHONE	COMMENTS
		REC'D	FWD'D			
<i>CS/ESP</i>	<i>2001 L1</i>	<i>3/2</i>	<i>3/3</i>	<i>F</i>		<p><i>1. I suggest we prepare an abridg. of 2001 CS/ESP and circulate a brief sheet for the info of all members.</i></p> <p><i>2 to 3 agree.</i></p> <p><i>JF</i></p>
<i>W. Carroll</i>		<i>3 March</i>	<i>3 March</i>	<i>JF</i>		
<i>Ledford</i>		<i>3/4</i>	<i>3/17</i>	<i>BW</i>		
<i>Px RD Curie</i>						
5.						
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15.						

STANDARD FORM 52  
PROVIDED BY THE  
U. S. CIVIL SERVICE COMMISSION  
EXCEPT FOR SPECIAL PERSONNEL  
MANUAL CHAPTER 10

### REQUEST FOR PERSONNEL ACTION

VOUCHERED

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.  
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr--Miss--Mrs--One given name, initial(s), and surname) <b>MR. DAVID ATLES PHILLIPS</b>	2. DATE OF BIRTH <b>31 October 1922</b>	3. REQUEST NO.	4. DATE OF REQUEST <b>4 Feb. '55</b>
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) <b>EXCEPTED APPOINTMENT</b>		6. EFFECTIVE DATE A. PROPOSED: <b>1 April 1955</b>	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	

9. FROM--	10. POSITION TITLE AND NUMBER <b>Paramilitary Off. BW-156-14</b>
11. HEADQUARTERS <b>Washington, D.C.</b>	12. FIELD OR DEPARTMENTAL <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL
13. SERVICE, GRADE, AND SALARY <b>GS-0136.11-14 \$9600 p/a</b>	14. ORGANIZATIONAL DESIGNATIONS <b>DDP/PP Operations Staff Office of the Chief</b>

A. REMARKS (Use reverse if necessary)  
**For slotting purposes only pending approval of new T/O**

*[Signature]*  
**John E. Baker, C/PP**

B. REQUESTED BY <b>Admin</b>	D. REQUEST APPROVED BY <i>[Signature]</i>
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) <b>X 8606</b>	Title: <b>Career Service:PP</b>

13. VETERAN PREFERENCE NONE <input type="checkbox"/> WAR <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT <input type="checkbox"/> 10 POINT <input type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>	14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> P. A. <input type="checkbox"/> REAL <input type="checkbox"/> <b>16 Seaford, SD:PP D</b>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

15. SEX <b>M</b>	16. RACE <b>W</b>	17. APPROPRIATION FROM <b>5-2101-20</b>	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
---------------------	----------------------	-----------------------------------------------	----------------------------------------------	------------------------------------------------------	---------------------------------------------------------------------------------------------------

21. STANDARD FORM 50 REMARKS

**Approved MAR 2 1955**  
*[Signature]*  
**PP/Career Service**

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CEIL. OR POS. CONTROL	<b>EH</b>	<b>3/24</b>	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	<b>EC</b>	<b>3/15/55</b>	
E.			

F. APPROVED BY *[Signature]* **by John J. Caldwell**



UNCLASSIFIED

CONFIDENTIAL

SECRET

### ROUTING AND RECORD SHEET

INSTRUCTIONS: Officer designations should be used in the "TO" column. Under each comment a line should be drawn across sheet and each comment numbered to correspond with the number in the "TO" column. Each officer should initial (check mark insufficient) before further routing. This Routing and Record Sheet should be returned to Registry.

FROM:		TELEPHONE	NO.
PP/Admin			
		DATE	7 February 1955

TO	ROOM NO.	DATE		OFFICER'S INITIALS	TELEPHONE	COMMENTS
		REC'D	FWD'D			
1. C/PP	2032 K	PED	21 Feb 1955	JBM		Contract will be terminated - effective 1 April '55
2. CS/PP				MM		
3. CS/CS	2031 L		29 Feb	JL		3 to 4.
4. PP/CMO	2405 Mr. Cee: K					Dwight, Per our telephone conversation, I feel that our Career System should provide for the review of such cases from the point of view of: (a) Bringing someone in at this grade level (b) Whether the person's background & experience indicate that he should be picked up under the jurisdiction of a specialist panel or the CS Panel. It seems to me that such review could be the responsibility of the CS Panel or of the functional Panel concerned. The latter seems to make most sense. Could you review this one in PP from that point of view and let me know how you folks feel on the policy questions?
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						



SECRET

11 DEC 1957

MEMORANDUM FOR: Chief, Finance Division

SUBJECT: Equalization Allowance Adjustment  
for ~~████████████████████~~

*David Phillips*

1. Effective 15 December 1957, subject individual's equalization allowance is decreased from \$950 to \$555 per annum due to a decrease in the cost of living at subject's post as compared with Washington, D. C.
2. All other terms and conditions of the original authorization remain in full force and effect.

SIGNED

Louis W. Armstrong  
Chief, Contract Personnel Division

Distribution:

- Orig. and 1 - Addressee
- 2 - NEA Division
- 2 - CPD

OP/CPD:HSurles:ahw (9 Dec 57)

SECRET

S-E-C-R-E-T  
(When Filled In)

27 JUN 1957

MEMORANDUM FOR: Chief, Contract Personnel Division  
ATTENTION :  
FROM : Deputy Director of Security (Investigations  
and Support)  
SUBJECT : ~~XXXXXXXXXXXXXXXXXXXX~~  
*Arnold Phillips*

1. Reference is made to the memorandum dated 18 June 1957 in which a covert security clearance was requested to permit the Subject's conversion from an Ops Officer (FP), GS-14, DDP/WH, Branch III, Havana, Cuba, to an Ops Officer (PP), GS-14, DDP/NEA, Egypt and Arab States Branch, Project PECTATE, [REDACTED]

2. In accordance with the provisions set forth in the Director's Memorandum of 14 February 1949 entitled, "Security and Operational Clearances," a covert security clearance is granted for the use of the Subject, as described in your request as set forth in paragraph 1, above. For administrative purposes only, this clearance is effective as of 15 June 1957.

3. Subjects of covert security clearances are not to represent themselves as, nor are they to be represented as, employees of CIA.

4. Your attention is called to the fact that a covert security clearance does not constitute complete compliance with the provisions of CIA Regulation 10-210. Therefore, if you should desire at a later date to change the status or use of this individual, a request for clearance to cover any proposed change should be submitted to this office.

5. This clearance becomes invalid in the event the Subject's services are not utilized within 60 days of the date of this memorandum.

FOR THE DIRECTOR OF SECURITY:

*Robert H. Cunningham*  
Robert H. Cunningham

S-E-C-R-E-T

S E C R E T

Date: 13 June 1957

MEMORANDUM FOR: Chief, Special Security Division

FROM : Chief, Special Contracting, Allowances & Processing Staff, Wing 2F Curie Hall

SUBJECT : Initial Philippe (P); Your Number 40696

1. In compliance with paragraph four (4), your memorandum dated [redacted], subject as above, clearance to cover the following proposed change in subject's status and/or use is hereby requested.

Ops Officer (PP)	Position Title	Ops. Off (PP)
GS-14	Grade & Salary	GS-14
DDP/WH Branch III	Orgn Designation	DDP/NEA Egypt & Arab States Branch Project PECTATS
Havana, Cuba	Headquarters	[redacted]
( ) Field      ( ) Dept'l	Field or Hqtrs.	( ) Field      ( ) Dept'l

2. Changes other than specified above:

Cover is Commercial

Case Officer: [redacted] X3548

3. The proposed effective date of this change is: 16 June 1957 (Per Financial

and Administrative reasons.

Please phone verbal concurrence to Det Kreinheder X3585

LOUIS W. ARMSTRONG  
~~XXXXXXXXXXXXXXXXXXXX~~

*Verbal Concurrence  
Granted by Mr Godar  
21 June 57*

S E C R E T



SECRET

20 FEB 1957

MEMORANDUM FOR: Chief, Finance Division

SUBJECT: Equalization Allowance Adjustment for

~~XXXXXXXXXX~~  
*Phillips, Howard*

1. Effective 13 January 1957, subject individual's equalization allowance is decreased from \$3780 to \$3145 per annum due to a reduced cost of living index for subject's post.

2. All other terms and conditions of the original authorization remain in full force and effect.

SIGNED

RALPH S. POLLOCK  
Chief, Contract Personnel Division

elt-28 Feb 57

Distribution:

Original and 1: FD

2: WH Div

1: Subject File

1: Chrono File

1: Equal Allow File

1: my copy

SECRET

26 April 1957

MEMORANDUM FOR: Deputy Director for Investigations  
& Operational Support

THROUGH : Contract Personnel Division  
*John C. King*

SUBJECT : ~~XXXXXXXXXX~~ - Change of  
Pseudonym

REFERENCE : Memorandum for Deputy Director for Investigations  
& Operational Support, through, Contract Personnel  
Division, from this office, dated 26 April 1957

Due to a compromise, the pseudonym of  has been  
changed. Please refer to reference for new pseudonym.

/s/ J. C. KING  
Chief, WID

Distr. Notes -

See

Personnel

File

Chrono - Statistics

Personnel Staff

Selection .. 88

Res

SECRET

SECRET

26 April 1957

MEMORANDUM FOR: Deputy Director for Investigations  
& Operational Support

THROUGH: Contract Personnel Division

SUBJECT: ~~████████████████████~~ *Phillips Harold*  
New pseudonym

REFERENCE: Memorandum for Deputy Director for Investigations  
& Operational Support, through, Contract Personnel  
Division, from this office, dated 26 April 1957

The pseudonym of subject of reference has been changed to

~~████████████████████~~  
*Harold Phillips*

J. C. KING  
Chief, WMD

SECRET



MEMORANDUM FOR: Chief, Finance Division

SUBJECT: Equalization Allowance Adjustment for

~~████████████████████~~  
*Phillips, Special*

1. Effective 7 October 1956, subject individual's equalization allowance is increased from \$3670 to \$3780 per annum.

2. All other terms and conditions of the original authorization remain in full force and effect.

RALPH S. POLLOCK  
Chief, Contract Personnel Division

SECRET

3 JUL 1957

**MEMORANDUM FOR: Chief, Finance Division**

**SUBJECT: Equalization Allowance for**

*Philip Rivers*

1. Subject individual is authorized an equalization allowance at the rate of \$950 per annum upon his arrival at
2. All other terms and conditions of the original authorization remain in full force and effect.

SECRET

Louis W. Armstrong  
Chief, Contract Personnel Division

Distribution:

- Orig. and 1 - FD
- 2 - NEA
- ✓ 1 - Subject File
- 1 - Equal Allow File
- 1 - Chrono
- 1 - Extra

aih - 2 July 1957

SECRET

619

CLASSIFIED MESSAGE

ORIG :   
 UNIT : WH/PERS   
 EXT : 4457   
 DATE : 8 FEBRUARY 1956

19

SECRET

ROUTING	
1	4
2	5
3	6

TO : HAVANA, CUBA   
 FROM : DIRECTOR   
 CONF : WH 5   
 INFO : FI/ADMIN, FI/RI 2, OP 2, S/C 2

SA

DIR 46833 (OUT 67172) 2116Z 8 FEB 56

ROUTE   
 PREFERENCE   
 CITE: DIR

TO: HAVA

RE: DIR 30629 (OUT 86720)

*David Phillip*

~~XXXXXXXXXX~~ ARR HAVA 1140 HRS 9 FEB PAA 436 WITH FAMILY.

END OF MESSAGE

*J. C. King*  
J. C. KING  
RELEASING OFFICER

COORDINATING OFFICERS  
SECRET

[Redacted Box]

IT IS FORBIDDEN TO MAKE A COPY OF THIS MESSAGE Copy No.



SECRET

## Office Memorandum • UNITED STATES GOVERNMENT

TO : Chief, Contract Personnel Division DATE: MAR 20 1956

FROM : Deputy Director of Security (Investigations and Support)

SUBJECT: ~~XXXXXXXXXXXXXXXXXXXX~~  
~~XXXXXXXXXXXX~~*Philippe Herold*

1. Reference is made to your request dated 20 January 1956 for a Covert Security Clearance to permit appointment of Subject to Staff Agent/operations officer at Havana, Cuba.

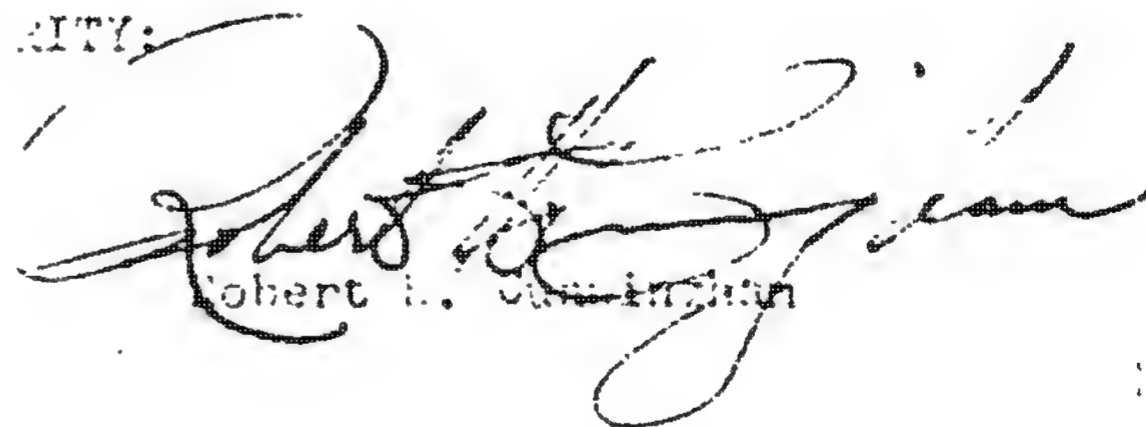
2. In accordance with the provisions set forth in the Director's Memorandum of 14 February 1949 entitled, "Security and Operational Clearances," a covert security clearance is granted for the covert use of the Subject, as described in your request as set forth in paragraph 71, above. This will confirm the Covert Security Clearance granted telephonically to Mr. Ken Wambold, OPD x-3585 on 26 January 1956.

3. Subjects of covert security clearances are not to represent themselves as, nor are they to be represented, as, employees of CIA.

4. Your attention is called to the fact that a covert security clearance does not constitute complete compliance with the provisions of CIA regulation 10-210. Therefore, if you should desire at a later date to change the status or use of this individual, a request for clearance to cover any proposed change should be submitted to this office.

5. This clearance becomes invalid in the event the Subject's services are not utilized within 60 days of the date of this memorandum.

FOR THE DIRECTOR OF SECURITY:



Robert H. Casper

SECRET

**SECRET**  
(When Filled In)

REQUEST FOR SECURITY CLEARANCE				REQUEST NO. (1-51)
				REQUEST DATE (6-11) 20 Jan 1956
NAME (LAST - FIRST - MIDDLE) <del>XXXXXXXXXXXX</del> David Thayer			(12 - 28)	YEAR OF BIRTH (29-30) 31 Oct 1922
POSITION TITLE Operations Officer (OP)	POSITION NO. (31 - 36)	OCCUP. CODE (37 - 42)		GRADE (43-44) S-14
LOCATION (CITY, STATE, COUNTRY) Havana, Cuba	ASSIGNMENT (OFFICE, DIVISION, BRANCH) DDP/WV			ORGR. CODE (45-48)
TYPE OF APPLICANT <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> CONTRACT <input type="checkbox"/> MILITARY	CONVERSION ACTION SE to SA		IF OTHER, SPECIFY:	
	TYPE OF APPL. (49)			
NAME OF REQUESTER Robert S. Collock, C/OPD		TYPE OF ASSIGNMENT AND FUNDS		HEADERS & FUND (50)
CLEARANCE REQUIRED	7001 SIGNAL FOR INDICATE RATE OF POOL OR GROUP:			CLEARANCE (51) SECRET FULL
	COVERT SECURITY CLEARANCE			
ATTACHMENTS	PERSONAL HISTORY STATEMENT	APPENDIX I	REQUEST FOR WAIVER	
	PHOTOGRAPH(S)	APPENDIX II	REPORT OF INTERVIEW	
VETERANS STATUS	MALE - VETERAN	FEMALE - VETERAN		VET. PREF. & SEX (55)
	MALE - NON-VETERAN	FEMALE - NON-VETERAN		
REMARKS. Security #40696 Recent approval granted by Dept. 16494 of 550. E. J. S. G. (164)				
SPACE BELOW FOR SO USE ONLY				

CLASSIFIED MESSAGE

DATE : 021 08/MK/ALM  
3 MAY 57

S-E-C-R-E-T

ROUTING	
1	4
2	5
3	6
MAY 3 1231Z 57	
ROUTINE	
IN 39082	

TO : DIRECTOR

FROM :

ACTION: NEA 6

INFO : FI/OPS 2, FI/RI 2, FD 3, OP 2, S/C 2

TO DIR INFO SA CITE

PECTATE

Philip  
 AND FAMILY ARRIVED 30 APRIL.

END OF MESSAGE

*File  
K66*

S-E-C-R-E-T

IT IS FORBIDDEN TO MAKE A COPY OF THIS MESSAGE

Copy No.



CLASSIFIED MESSAGE

DATE 200 HM/JM/BJ  
30 APR 57

200

SECRET

ROUTING	
1	4
2	5
3	6
APR 30 10 08 57 REC'D CABLE SECT.	
PRIORITY	
IN 37747	

TO DIRECTOR  
FROM HAVANA  
ACTION WH 5  
INFO FI/OPS 2, FI/RI 2, NEA 4, OP 2, S/C 2

TO PRITY DIR INFO:  CITE HAVA 900  
ADMIN

*David Phillips*

~~David Phillips~~ AND FAMILY DEPARTED HAVA CUBANA FLIGHT  
998 0800 HOURS 29 APR ETA  2100 HOURS 30 APR  TIME  
PAA FLIGHT

END OF MESSAGE

*Clara  
1160*

SECRET

SECRET

BIOGRAPHIC PROFILE (PART I) SCD: 15 Jan 1960

1. NAME (Last, First, Middle)		PHILLIPS, David Algeo		2. SEX	M	3. DATE OF BIRTH	31 Oct 1922	4. LOCATION OF BIRTH	Los Angeles, Calif
5. MARITAL STATUS	6. DEPENDENTS (Include one spouse)	7. ACQUISITION	1950 1951 1956 1959	8. US NATURALIZATION STATUS	NA				
9. CURRENT STATUS	MEMBERSHIP	OTHER STATUS	10. LAST MO. APT. QUAL. FOR	11. GRADE	12. LAST MO. APT. QUAL. FOR	13. GRADE			
None	Apr 1969		Dec 1969	Prop FCS	O/S	FCS	O/S		
14. ASSESSMENT DATE	15. PROFESSIONAL TEST DATE	16. LANGUAGE ATTITUDE TEST DATE							
None	None	None							
17. NON-CIA EMPLOYMENT									
1942-43 Self-employed, Actor									
1943-45 Military Service, USMC, S/Sgt									
1949-54 "The South Pacific Mail" (News Paper), Santiago, Chile, - Owner-Editor-Publisher Lecturer									
18. NON-CIA EDUCATION									
1940-41 Collog. of William & Mary, Williamsburg, Va - Drama, English									
1941-42 Texas Christian Univ, Ft Worth, Texas - Drama, English									
1948 Univ of Chile, Santiago, Chile - Spanish									
19. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)									
French-R, Elem; W. Slight (Jun 1961); P, S, U, Slight; T, None-Oct '57 (Sis exp); Spanish, New World - R High; W, P, S, U Inter (Sep 1969) Transl & Interpr Portuguese (Brazilia) - R Inter (Dec 1969)									
20. AGENCY SPONSORED TRAINING									
1955 Reading Improvement 1971 Wpas/ Defensive Driving									
1965 COS Seminar									
1969 Short Range Agt Cont Surv									
1969 Portuguese									
1969 COS Sem									
21. CIA EMPLOYMENT HISTORY SINCE 16 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)									
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	DD	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION				
	1952-53 Contract Agent			WH/					
	1954-55 Contract Employee			WH					
Apr 1955	Para Mil Off	0136.11	14	D	DDP/PAP Ops Stf	Hq			
Aug 1955	Ops Officer	0136.31	14	DP	DDP/PP Ops/Info Coord Div	"			
Feb 1956	Ops Off (PP)	0136.31	14	DP	DDP/WH III/Havana Cuba Sta	Havana			
Apr 1957	"	0136.31	14	DP	DDP/WH/IAS Dr/PROSPERITY				
	1958-60 Contract Agent (Independent)				DDP/WH	Havana			
Mar 1960	Ops Off	0136.01	14	D	DDP/OS Dev Comp/WH	Hq			
Apr 1960	"	0136.01	14	D	DDP/WH-4	"			
Sep 1961	"	0136.01	14	D	DDP/WH-3/Mexico Sta	Mexico City			
Sep 1963	"	0136.01	15	D	"	"			
Jan 1965	Chief of Station	0136.05	15	D	DDP/WH-2/ /COS				
Sep 1967	Ops Off	0136.01	15	D	DDP/WH/Ch, Cuban Ops Group	Hq			
Dec 1968	"	0136.01	16	D	" " " "	"			
Jan 1970	Chief of Sta	0136.05	16	D	DDP/WH/WH-5/COS				
Jul 1971	"	0136.05	16	D	" " " "				
Nov 1971	"	0136.05	17	D	" " " "				
Aug 1972	"	0136.05	17	D	DDP/WH-3/ Sta				

22. DATE REVIEWED: 5 Jun 1974  
 23. PROFILE REVIEWED BY: [Signature]  
 24. ITEMS TO BE REVIEWED & RECLASSIFIED: [Signature]  
 25. DATE: 22 Jun 1960

SECRET  
(When Filled In)

PERS. SERIAL NO. 02044		BIOGRAPHIC PROFILE (Continuation Sheet)	
NAME (Last-First-Middle) PHILLIPS, David Atlee			

*(This area is intentionally left blank for biographic details.)*

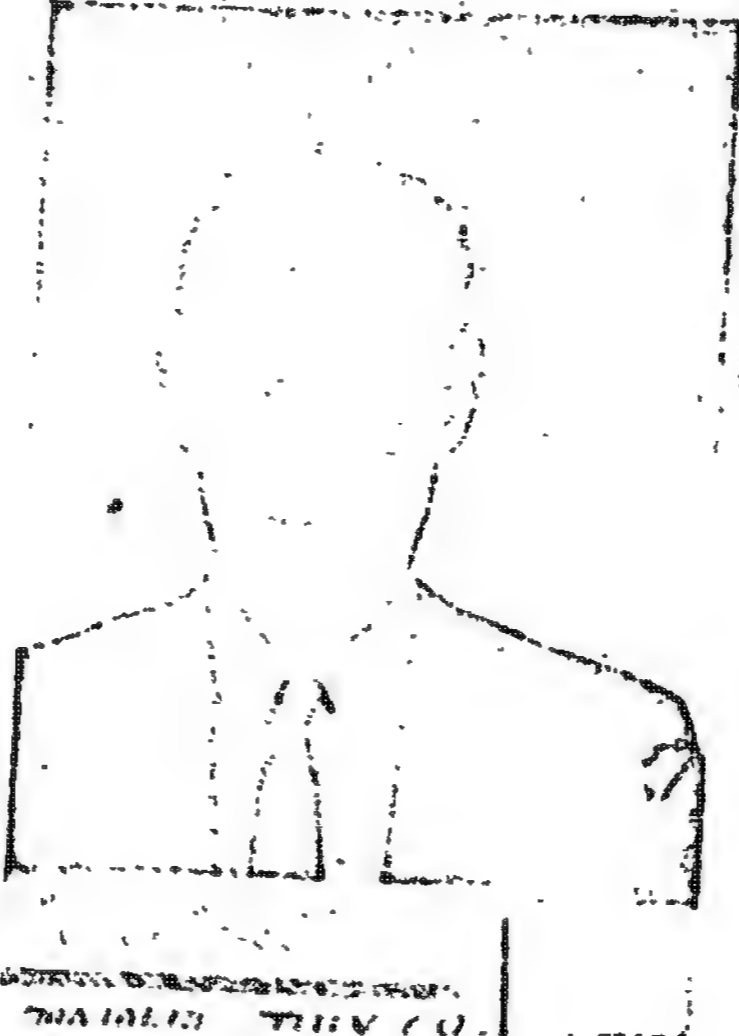
19. CIA EMPLOYMENT HISTORY SINCE 18 SEPT. 1947 (Personnel Actions, Military Orders, and Principal Details) (Cont'd.)

EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SC	ORGANIZATION & ORGAN. TITLE (If any)	LOCATION
Jun 1973	Ch. WH Div 0001.10	17	E	DDO/Chief, WH Division	Hq
Dec 1973	" " " 0001.10	18	D	" " " "	"

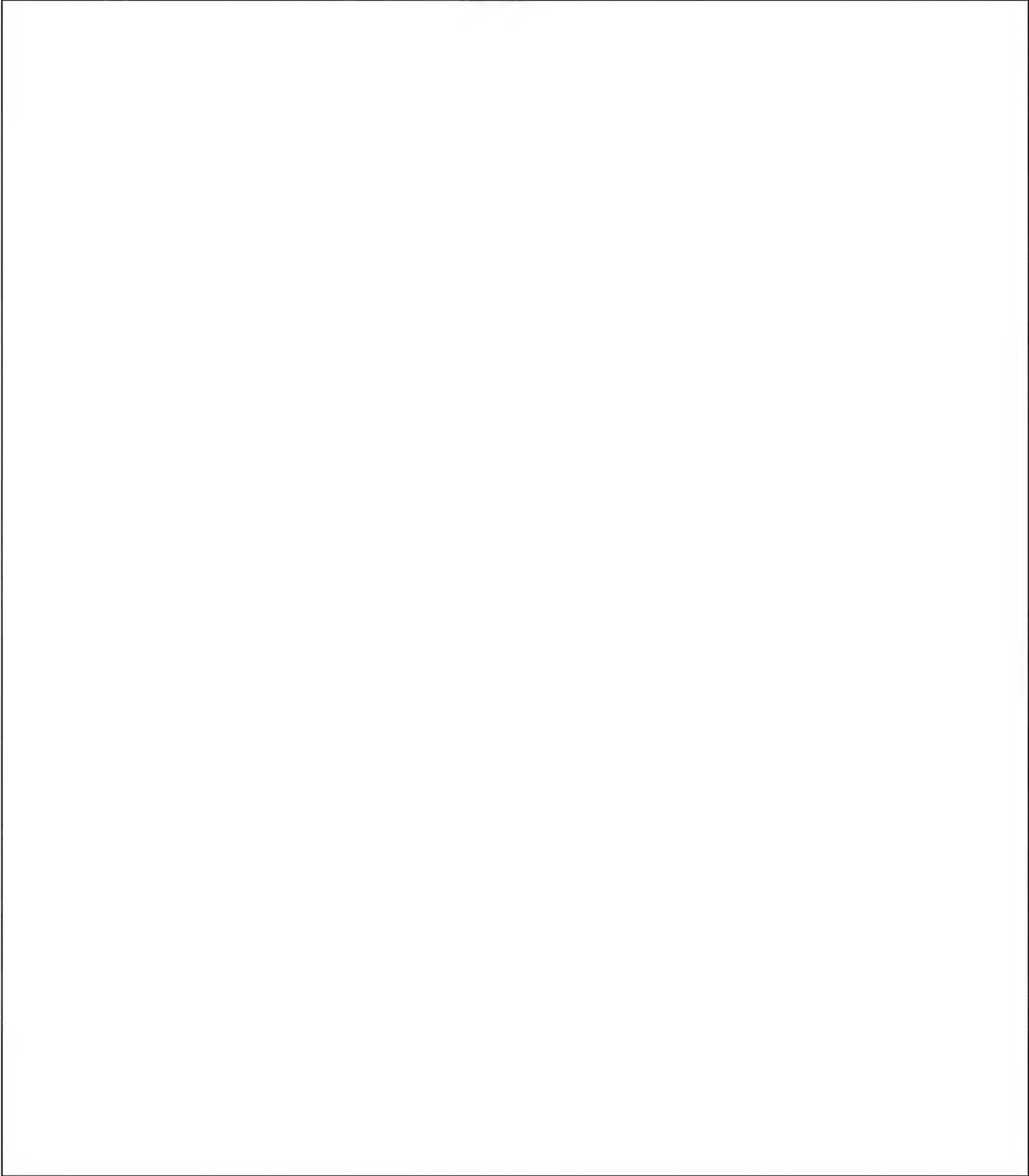
DATE REVIEWED Jun 1974	PROFILE REVIEWED BY hms/nd
---------------------------	-------------------------------

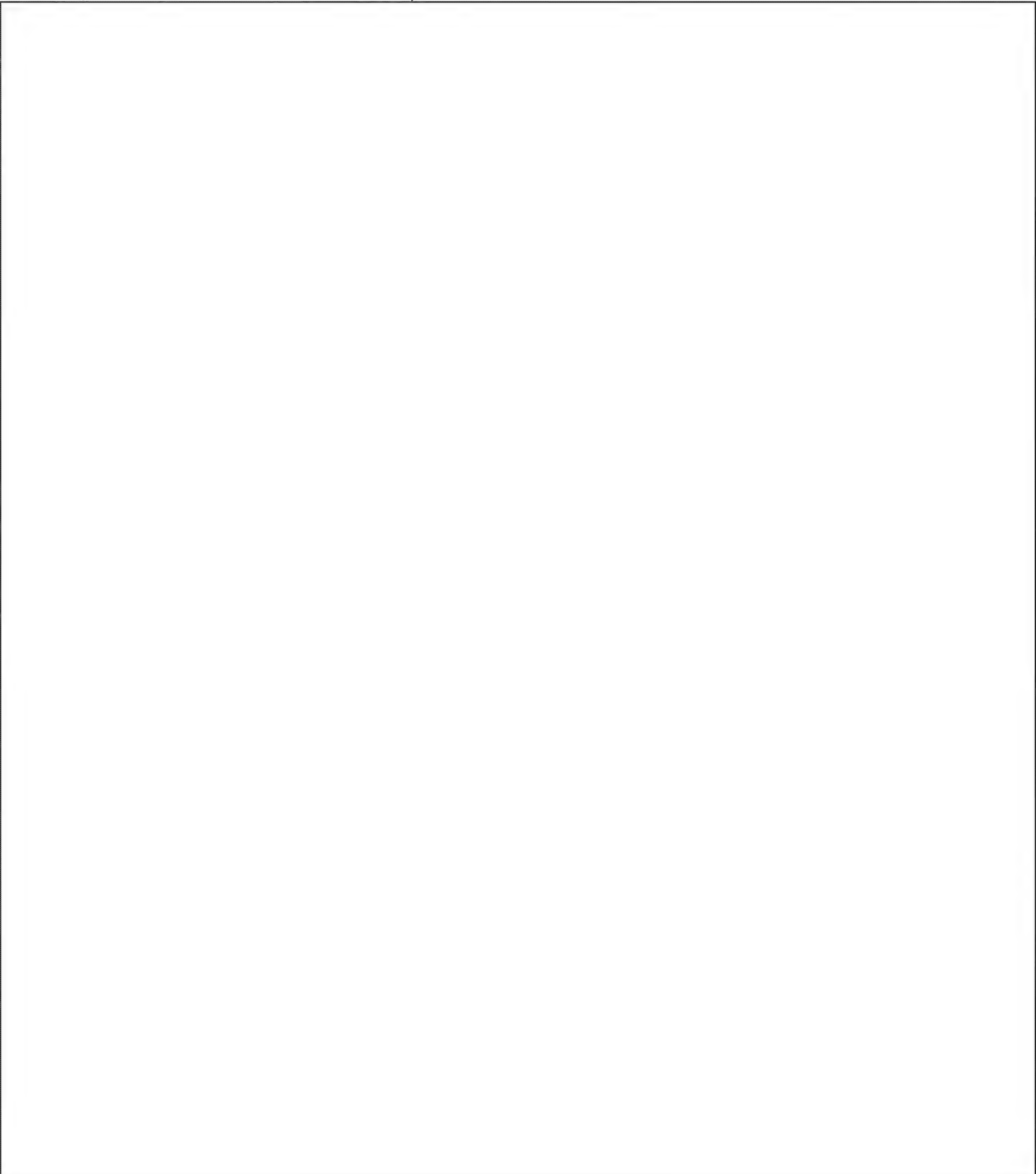


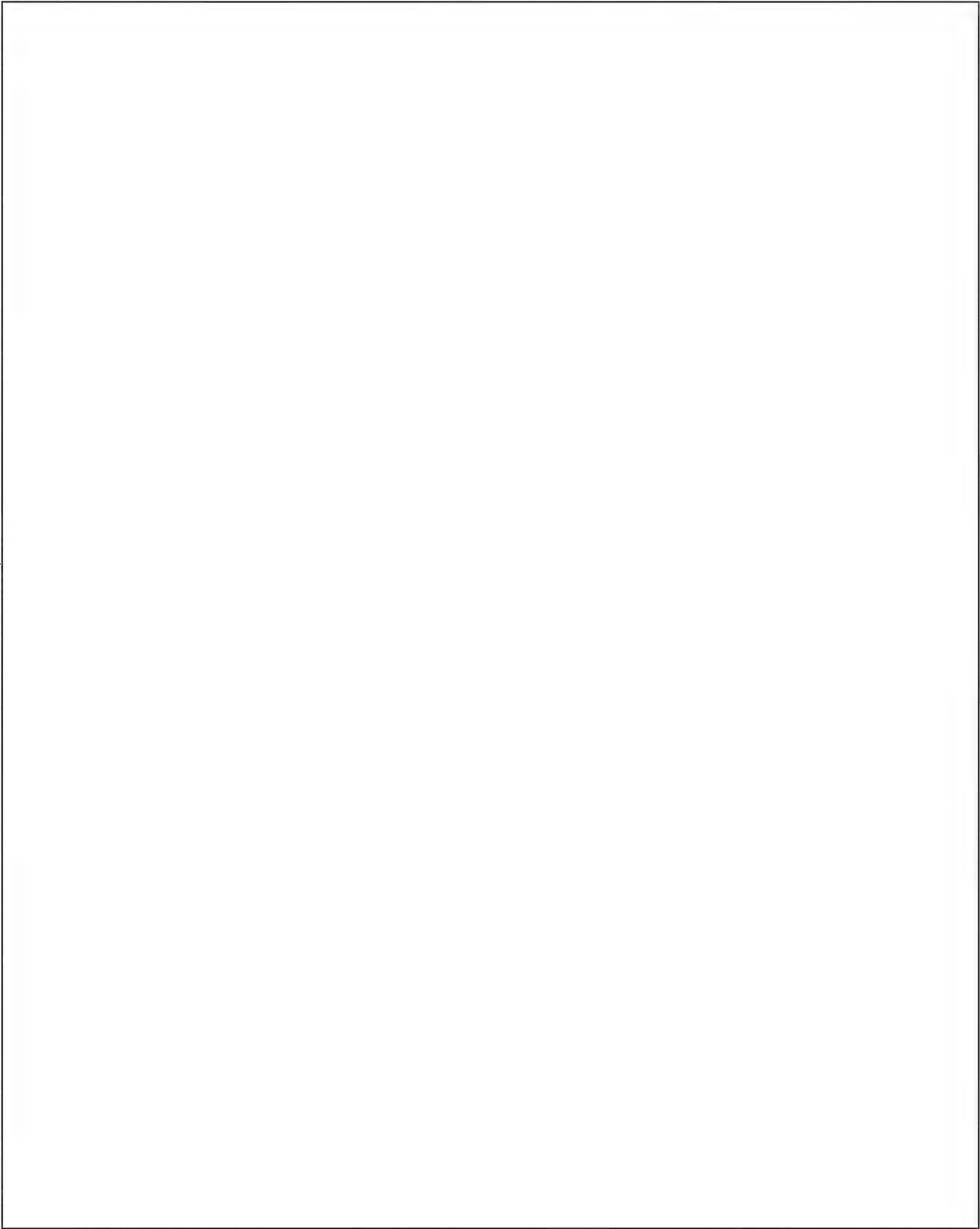
SECRET  
(When Filled In)

PERSONAL SERIAL NO.		BIOGRAPHIC PROFILE (PART 2)	
024589			
NAME (Last-First-Middle)		DATE OF BIRTH	
PHILLIPS, David Allen		31 Oct 1922	
23. PHOTOGRAPH			
			
24. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
SEE COVER HISTORY ATTACHED.			
25. ADDITIONAL INFORMATION			
Award 1955 Intelligence Medal of Merit for his outstanding dedication and devotion to the cause of freedom, during the period Jan - Jul 1954.			
Commendation 1961 from DCI for loyal and devoted performance while serving with JMWTC.			
Awarded 1965 Intelligence Medal of Merit for outstanding dedication and devotion to the cause of freedom.			
Appreciation 1962 from US Ambassador, Mexico City conveying President Kennedy's thanks to Embassy Staff who contributed to success of his Mexican visit.			
Appreciation 1966 from CDR, USFORDOMREP for outstanding contribution in the accomplishment of USFORDOMREP Intelligence missions 1 May 1965 - 17 Jan 1966.			
Commendation 1966 from the DCI for especially meritorious service during the past year by members of the [redacted]			
Commendation from DDCI for services rendered during the crisis while TDY in the [redacted] Station.			
Appreciation 1968 from [redacted] to Deputy Director, Voice of America, USIA, for Subject's able and effective representation of the United States during turbulent events in the country three years ago.			
Appreciation 1969 from Ch, DOD for briefing the DO Base Chiefs' Conference - 17 Feb 1969.			
26. DATE REVIEWED		27. PROFILE REVIEWED BY	
5 Jun 1974		hms/cal	

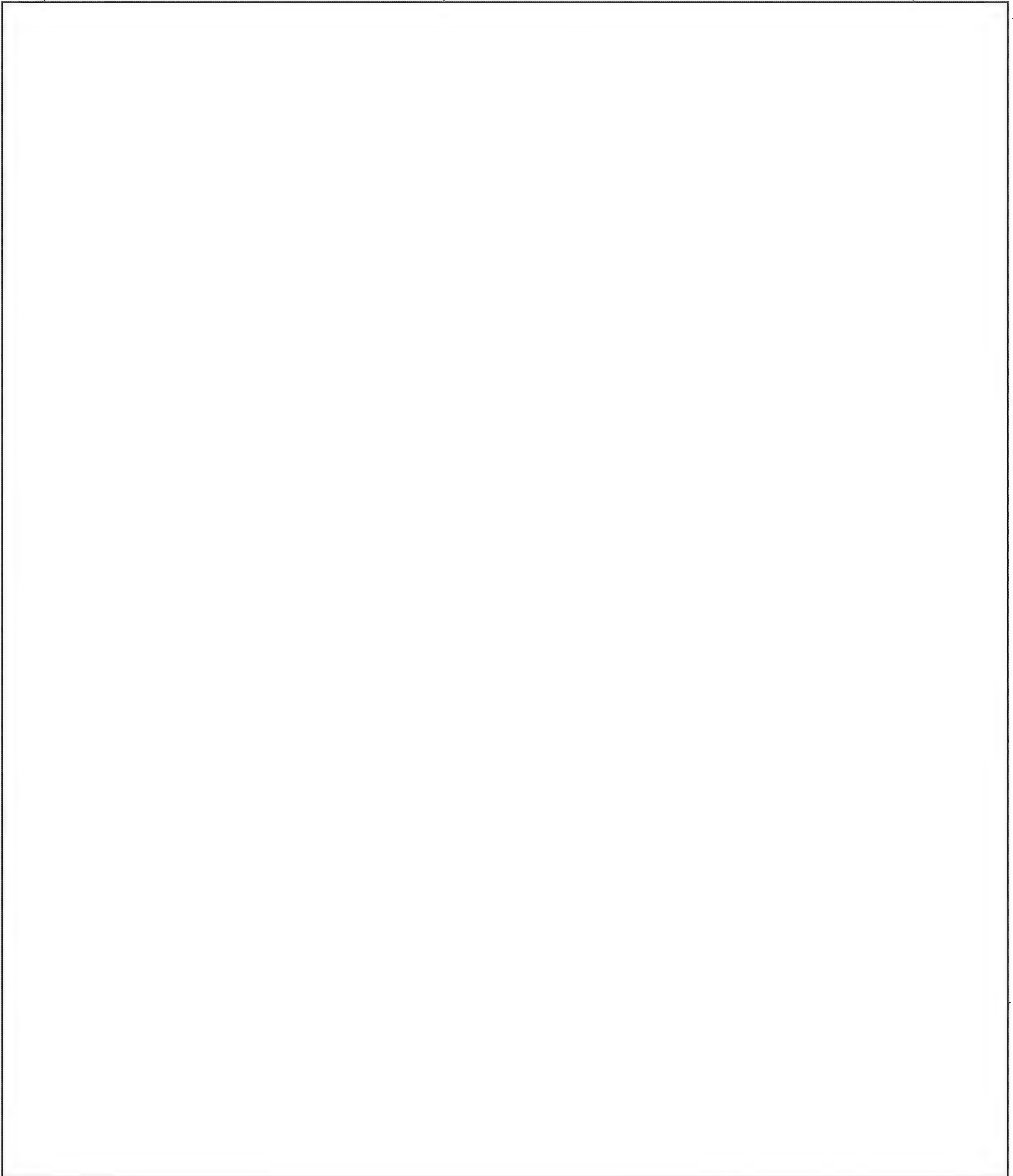


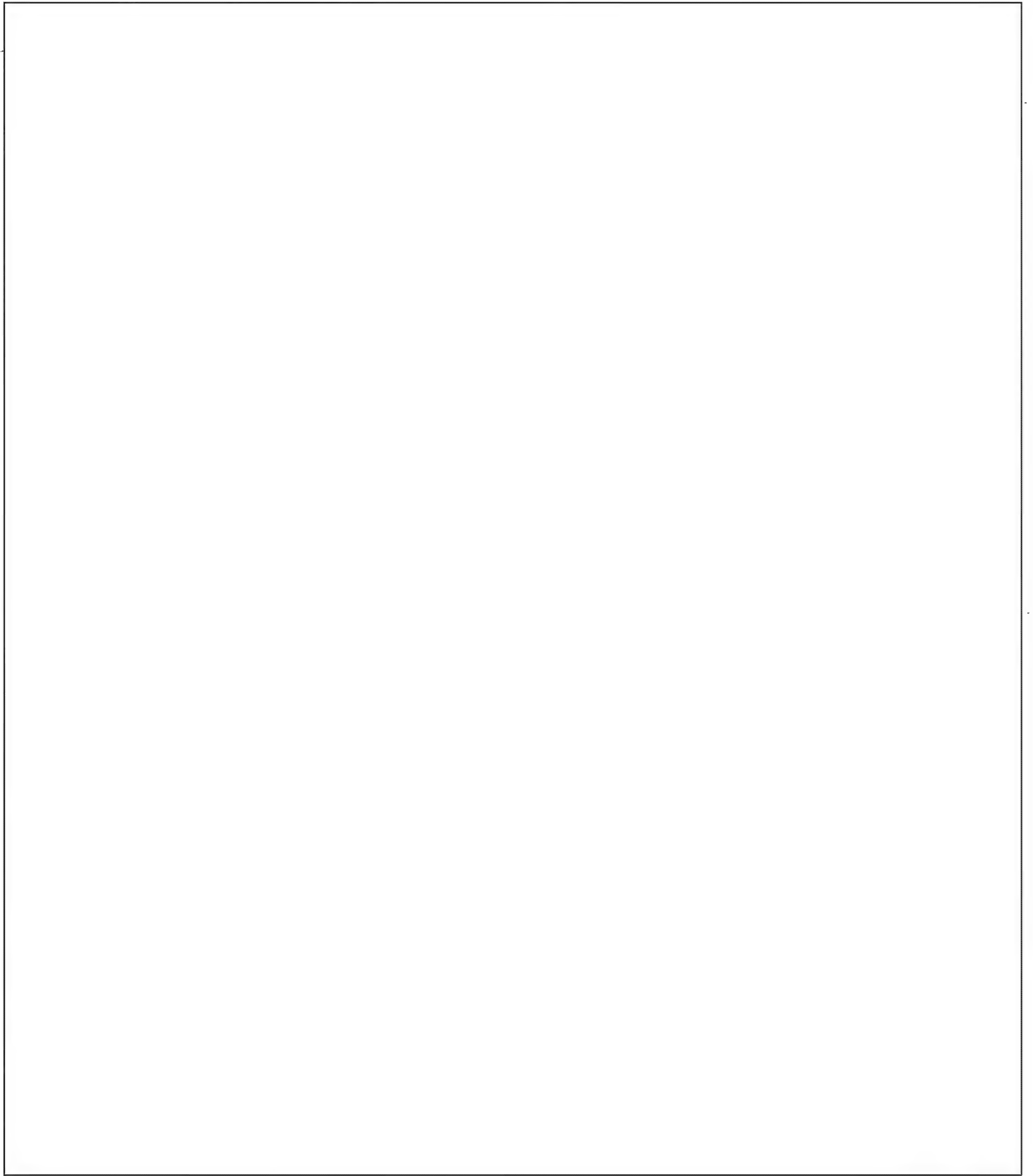












SECRET

COVER CONTROL & RETIREMENT PROCESSING										FILL		
TO: Retirement Operations Branch Office of Personnel										DATE 17 April 1975		
RETIREE <i>John A. Williams</i>						CATEGORY OF EMPLOYMENT						
On the basis of a review of the records of the <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> the following action is to be taken on processing retirement documentation for the person named above.												
TYPE RETIREMENT			CIVIL SERVICE			CIARDS			DATE 17 April 1975			
COVER		OVERT ROUTINE		COVERT (OFFICIAL COVER) LOCK-UP		COVERT (SOCI) SPECIAL	RETENTION OF AWARDS		YES		NO	
CORRESPONDENCE			OVERT			COVERT			THRU CCS			
FINANCES												
ANNUITY PAYMENTS SHOULD BE					U.S. GOV'T. CHECK			OTHER <i>(Payment instructions follow)</i>				
TAX DOCUMENTATION SHOULD BE					CIA		CSC		OTHER <i>(MEMO FOLLOWS)</i>			
REQUEST TRANSFER OF FUNDS FROM CIVIL SERVICE COMMISSION					YES		NO		INTERNAL TRANSFER			
INSURANCE												
FGLI		OVERT		COVERT		MAINTAIN RECORDS INTERNALLY ONLY						
TYPE OF HOSPITALIZATION CARD:												
AUTHORIZATION TO CONVERT INSURANCE					YES		CONVERSION MUST BE APPROVED BY CCS					
RESERVE												
MEMBER OF CIVILIAN RESERVE					YES		NO		OVERT		COVERT	
REMARKS												
CHIEF, COVER SUPPORT BRANCH COVER & COMMERCIAL STAFF												
THIS SECTION TO BE COMPLETED BY OFFICE OF SECURITY												
NO SECURITY OBJECTIONS TO ABOVE.												
OTHER INSTRUCTIONS AS FOLLOWS:												
CHIEF, EMPLOYEE ACTIVITY BRANCH, OFFICE OF SECURITY												

FORM 3429

SECRET

E 2. IMPDET CL. BY. 007522

7 - OFF. PERG. FILE ROOM

FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,  
YOU ARE DESIGNATED EXEMPT.

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

PHILLIPS DAVID A                      024345                      41354523

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF  
TITLE 5, U.S.C. AND EXECUTIVE ORDER 11811 PURSUANT TO AUTHORITY OF DCI  
AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE  
DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
PHILLIPS DAVID A	024345	01	000	GS 18 1	\$36,000



DLN: 12 MAY 75

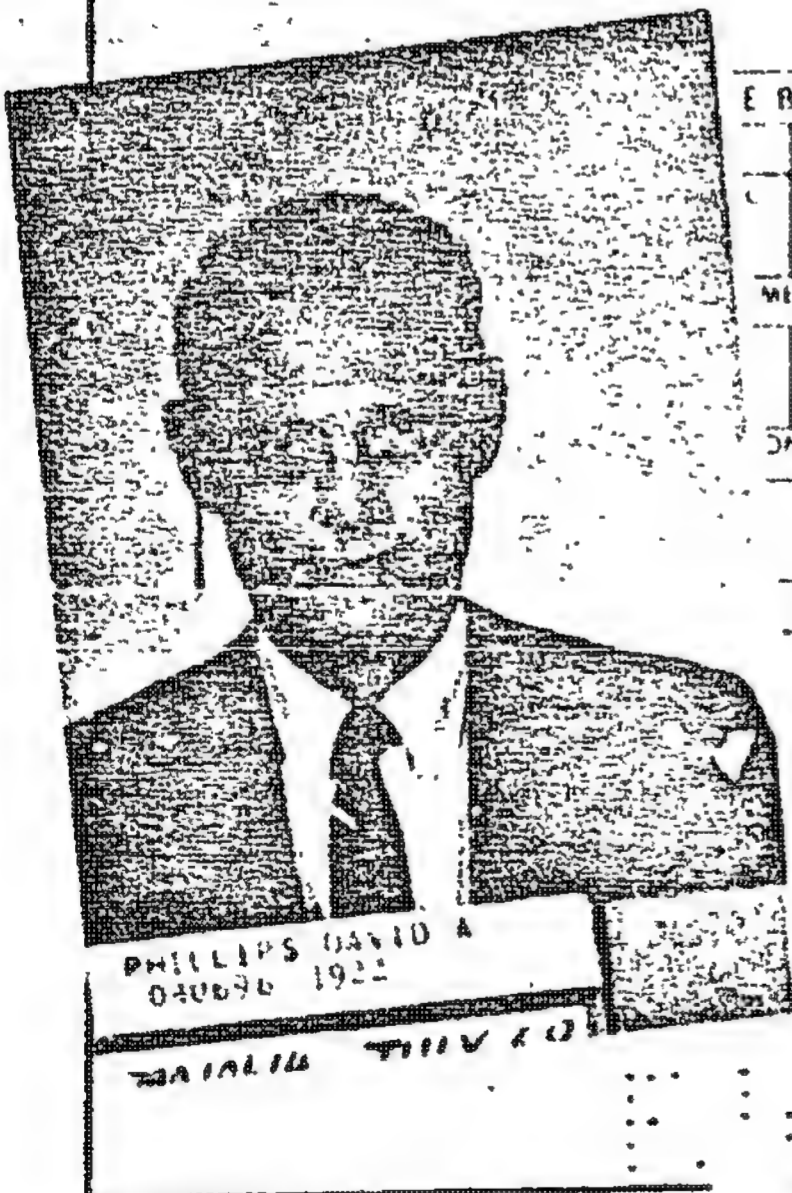
SECRET  
When filled in

### NOTIFICATION OF PERSONNEL ACTION

DEF

1 SERIAL NUMBER <b>024345</b>		2 NAME (LAST FIRST MIDDLE) <b>PHILLIPS DAVID A</b>	
3 NATURE OF PERSONNEL ACTION <b>RETIREMENT (VOLUNTARY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM AND CANCELLATION OF NSCA</b>			4 EFFECTIVE DATE <b>05 09 75</b>
6 FUNDS		V TO V CF TO V	V TO CF CF TO CF
9 ORGANIZATIONAL DESIGNATIONS  <b>DDO/LA DIVISION OFFICE OF THE CHIEF</b>		7 TAN AND NSCA <b>5135 4523 0000</b>	5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>
11 POSITION TITLE  <b>CHIEF LA DIVISION</b>		10 LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>	
14 CLASSIFICATION SCHEDULE (GS 18-96) <b>GS</b>		15 OCCUPATIONAL SERIES <b>0001.10</b>	13 SERVICE DESIGNATION <b>DYY</b>
16 GRADE AND STEP <b>18 1</b>		17 SALARY OR RATE <b>36000</b>	

18. REMARKS  
"IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED."



E BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

22 STATION CODE	23 INTEREST CODE	24 HOURS CODE	25 DATE OF BIRTH MO DA YR <b>10 31 22</b>	26 DATE OF GRADE MO DA YR	27 DATE OF LST MO DA YR
28 DEPT DATA CODE	31 SEPARATION DATA CODE <b>BR0000</b>	32 Correction, Cancellation Data TYPE MO DA YR		33 SECURITY REQ NO	
34 DATE COMP DATE DA YR	38 CAREER CATEGORY LAB BEST PROV SUPP	39 REG/HEALTH INSURANCE CODE WAIVER 1 YES 2 NO	40 SOCIAL SECURITY NO		
42 LEAVE CAT CODE	43 FORM EXECUTED 1 YES 2 NO	44 FEDERAL TAX DATA CODE NO TAX EXEMPTIONS		45 STATE TAX DATA FORM EXCLUDED 1 YES 2 NO	

SIGNATURE OF OTHER AUTHENTICATION

**POSTED**

*JK 5/13/75*

RCS: 28 DEC 73

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
OCF									
1 SERIAL NUMBER		2 NAME (LAST, FIRST, MIDDLE)							
024345		PHILLIPS DAVID A							
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT			
PROMOTION				12   23   73		REGULAR			
6 FUNDS		7 V TO V		8 V TO CF		9 PAN AND NSCA		10 CSC OR OTHER LEGAL AUTHORITY	
▶				X		4135 4523 0001		50 USC 403 J	
11 ORGANIZATIONAL DESIGNATIONS					12 LOCATION OF OFFICIAL STATION				
DDO/WH DIVISION OFFICE OF THE CHIEF					WASH., D.C.				
11 POSITION TITLE					12 POSITION NUMBER		13 SERVICE DESIGNATION		
CHIEF WH DIVISION					0001		D		
14 CLASSIFICATION SCHEDULE (GS 18 94)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE		
GS			0001.10		18 1		36000		
18 REMARKS									
" IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED."									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19 ACTION CODE									
20 EMPLOY CODE									
21 OFFICE CODE		22 STATION CODE		23 INTEGRATED CODE		24 PAY CODE		25 DATE OF BIRTH	
22		10		51050 WH		75013		1	
26 DATE EXPIRES		27 SPECIAL REFERENCE		28 ELEMENT DATA		29 SEPARATION DATA CODE		30 CORRECTION/CONCILIATION DATA	
								EOD DATA	
31 VET PREFERENCE		32 SERV COMP DATE		33 LONG COMP DATE		34 CAREER CATEGORY		35 FEGLI/HEALTH INSURANCE	
36 PREVIOUS CIVILIAN GOVERNMENT SERVICE				37 LEAVE CAT CODE		38 FEDERAL TAX DATA		39 STATE TAX DATA	
CODE				CODE		CODE		CODE	
1. NO PREVIOUS SERVICE				1. YES		1. YES		1. YES	
2. NO BREAK IN SERVICE				2. NO		2. NO		2. NO	
3. BREAK IN SERVICE LESS THAN 3 YRS									
4. BREAK IN SERVICE MORE THAN 3 YRS									
SIGNATURE OR OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           EOD DATA            WOPB 1-3-74         </div>									



"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF CGI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

NAME	SERIAL	GRN.	FUNDS	GR-STEP	NEW SALARY
PHILLIPS DAVID A	024345	51	050	CF GS 17 4	\$36,000

**SECRET**  
(When Filled In)

LML: 17 JUL 73

### NOTIFICATION OF PERSONNEL ACTION

OCF

1 SERIAL NUMBER <b>024345</b>		2 NAME (LAST FIRST MIDDLE) <b>PHILLIPS DAVID A</b>	
3 NATURE OF PERSONNEL ACTION		4 EFFECTIVE DATE <b>07 21 73</b>	5 CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6 FUNDS	V TO V CF TO V	V TO CF CF TO CF	7 PAY AND GRADE <b>4135 4523 (600)</b>
9 ORGANIZATIONAL DESIGNATIONS <b>DDO/WH DIVISION OFFICE OF THE CHIEF</b>		10 LOCATION OF OFFICIAL STATION <b>WASH., D.C.</b>	
11 POSITION TITLE <b>CHIEF WH DIVISION</b>		12 POSITION NUMBER <b>0001</b>	13 SERVICE DESIGNATION <b>D</b>
14 CLASSIFICATION SCHEDULE (GS, FS, etc.) <b>GS</b>	15 OCCUPATIONAL SERIES <b>0001.10</b>	16 GRADE AND STEP <b>17 4</b>	17 SALARY OR RATE <b>36000</b>
18 REMARKS <b>WASH., D.C. " IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED."</b>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19 ACTION CODE <b>56</b>	20 EMPLOY CODE <b>10</b>	21 OFFICE CODES <b>51050 WH</b>	22 STATION CODE <b>75013</b>
23 INT. EXP. RES.	24 SPECIAL REFERENCE	25 RETIREMENT DATA	26 SEPARATION DATA CODE
27 NET PREFERENCE	28 SERV. COMP. DATE	29 LONG. COMP. DATE	30 CATER CATEGORY
31 PREVIOUS CIVILIAN GOVERNMENT SERVICE	32 LEAVE CAT. CODE	33 FEDERAL TAX DATA	34 STATE TAX DATA
35 SIGNATURE OF OTHER AUTHENTICATION		<b>POSTED</b> 7/17/73	

UMS: 18 JULY 73

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
1 SER. NUMBER 024345		2 NAME (LAST FIRST MIDDLE) PHILLIPS DAVID A															
3 NATURE OF PERSONNEL ACTION REASSIGNMENT				4 EFFECTIVE DATE MO DA YR 06 15 73		5 CATEGORY OF EMPLOYMENT REGULAR											
6 FUNDS		7 V TO V		7 V TO CF		7 PAN AND NSCA		8 CSC OR OTHER LEGAL AUTHORITY									
		CF TO V		CF TO CF		4135 0620 (XXX)		50 USC 403 J									
9 ORGANIZATIONAL DESIGNATIONS DUO, WH DIVISION OFFICE OF THE CHIEF					10 LOCATION OF OFFICIAL STATION WASH., D.C.												
11 POSITION TITLE CHIEF WH DIVISION				12 POSITION NUMBER 0001		13 SERVICE DESIGNATION U											
14 CLASSIFICATION SCHEDULE (GS, LB, PR)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE										
GS			(XXX) 10		17 4		56(XX)										
18 REMARKS CARACAS, VENEZUELA "IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED"																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19 ACTING EMPLOYEE CODE		20 EMPLOYEE CODE		21 OFFICE CODING		22 STATION CODE		23 PAY GRADE CODE		24 HOURS CODE		25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF TEST	
37		10		51001 WH		75013		S		1		10 31 22					
28 NET EXPRES		29 SPECIAL REFERENCE		30 RET. DEMONSTR. DATA		31 SEPARATION DATA CODE		32 CORRECTION/COMBINATION DATA		33 SECURITY FEU NO.		34 SER.		100 DATA			
XX XX XX																	
35 NET PREFERENCE		36 MFR COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY		39 FEDERAL HEALTH INSURANCE		40 SOCIAL SECURITY NO.							
41 PREVIOUS FEDERAL GOVERNMENT SERVICE				42 LEAVE CAT. CODE		43 FEDERAL TAX DATA				44 STATE TAX DATA							
SIGNATURE OR OTHER AUTHENTICATION																	
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="font-size: 24px; margin: 0;">POSTED</p> <p style="font-size: 18px; margin: 0;">JUL 18 1973</p> </div>																	

RES

03



"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER 11691 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
PHILLIPS DAVID A	024345	51	745	CF GS 17 4	\$36,000

654

1 SERIAL NO	2 NAME	3 ORGANIZATION	4 FUNDS	5 LWOP HOURS					
024345	PHILLIPS DAVID A.	51 745	CF						
6 OLD SALARY RATE				7 NEW SALARY RATE	8 TYPE ACTION				
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ
		\$36,000	11/26/72	GS 17 4		\$36,000	11/26/72		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE <i>David A. Phillips</i>							DATE 1/9/73		
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
SUPERVISOR INITIALS					ACCEPTED BY				
PAY CHANGE NOTIFICATION									

SECRET  
(When Filled In)

FBG: 26 AUG 72

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 024345		2 NAME (LAST FIRST MIDDLE) PHILLIPS DAVID A	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT			4 EFFECTIVE DATE 08   14   72
			5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS	V TO V	V TO CF	7 Financial Analysis No Chargeable
	CF TO V	X	CF TO CF
			8 CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9 ORGANIZATIONAL DESIGNATIONS DDP/WH DIVISION FOREIGN FIELD BRANCH 3 -		10 LOCATION OF OFFICIAL STATION	
11 POSITION TITLE CHIEF OF STATION		12 POSITION NUMBER 0093	13 SERVICE DESIGNATION D
14 CLASSIFICATION SYMBOL (SB OR I)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY GRATE
GS	0136.05	17 3	36000
18 REMARKS "IN ACCORDANCE WITH HR 20-23A(2), AN EMPLOYEE WILL HOLD SUPERGRADE RANK FOR SUCH TIME AS THE DIRECTOR MAY DETERMINE, REGARDLESS OF THE NATURE OF THE DUTIES PERFORMED."			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL:			
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING 51745 WH	22 STATION LEVEL 77003
23 INTEGRITY CODE S	24 MILITARY CODE 3	25 DATE OF BIRTH 10   31   22	26 DATE OF GRADE
27 DATE OF LEF	28 VET STATUS 10   13   74 82	29 SPECIAL REFERENCE	30 RETIREMENT DATA
31 SEPARATION DATA CODE	32 DEPENDENT INFORMATION DATA	33 SECURITY 602 NO	34 SSA
35 VET PREFERENCE	36 MILITARY COMP DATE OF LEAVE COMP DATE	37 CENTER CATEGORY	38 FEEL HEALTH INSURANCE
39 SOCIAL SECURITY NO	40 PREVIOUS CIVILIAN GOVERNMENT SERVICE	41 LEAVE AT	42 FEDERAL DATA
43 STATE TAX DATA	44	45	46
SIGNATURE OF DDP AUTHORITY			

POSTED

SECRET

SECRET  
(When Filled In)

### NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 734340		2. NAME (LAST, FIRST, MIDDLE) WILLIAM DAVID						
3. NATURE OF PERSONNEL ACTION RELOCATION - VACATION		4. EFFECTIVE DATE MO DA YR 05 01 72		5. CATEGORY OF EMPLOYMENT				
6. FUNDS V TO V CF TO V		7. Financial Analysis No. Chargeable 3131 170 0001		8. CSC OR OTHER LEGAL AUTHORITY				
9. ORGANIZATIONAL DESIGNATIONS FUP/1-1011.12		10. LOCATION OF OFFICIAL STATION FOR G-9, W. ECUENLA						
11. POSITION TITLE CHIEF OF BATTALION		12. POSITION NUMBER 010		13. SERVICE DESIGNATION				
14. CLASSIFICATION SCHEDULE (GS 18 AND)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
S		18. REMARKS						
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE SYMBOL	22. STATUS	23. INITIALS	24. NUMBER	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF SER.
						MO DA YR	MO DA YR	MO DA YR
28. INT. EXPENSES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA	32. SEPARATION DATA	33. SECURITY	34. SER.	BOD DATA	
MO DA YR					MO DA YR	MO DA YR		
35. NET PREFERENCE	36. SERV. COMP. DATA	37. WORKING TIME DATA	38. FARE DATA	39. FARE DATA	40. FARE DATA	41. FARE DATA	42. SOCIAL SECURITY NO.	
43. PENSION DATA AND CATERING DATA		44. PENSION DATA		45. PENSION DATA		46. STATE TAX DATA		
SIGNATURE OR OTHER AUTHENTICATION								
						<b>POSTED</b> <i>[Signature]</i>		

SECRET

FORM 100-101  
1-72

When Filled In



"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11837 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL	ORGN.	FUNDS	GR	STEP	REL-SALARY
PHILLIPS DAVID A	024345	51	025	CF	GS 17 3	835,000

SECRET

(When Filled In)

BEG: 30 NOV 71

NOTIFICATION OF PERSONNEL ACTION																				
1 SERIAL NUMBER		2 NAME (LAST, FIRST, MIDDLE)																		
024345		PHILLIPS DAVID A																		
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT														
PROMOTION				11 28 71		REGULAR														
6 FUNDS		7 TO V	8 TO CF	7 FINANCIAL ADDRESS No. Chargeable		8 CSC OR OTHER LEGAL AUTHORITY														
FUNDS		V TO V	CF TO CF	2135 0694 0000		50 USC 403 J														
9 ORGANIZATIONAL DESIGNATIONS		10 LOCATION OF OFFICIAL STATION																		
DDP/WH DIVISION FOREIGN FIELD BRANCH 5																				
11 POSITION TITLE			12 POSITION NUMBER		13 SERVICE DESIGNATION															
CHIEF OF STATION			0186		D															
14 CLASSIFICATION SYMBOL		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 PAY GRADE														
GS		0136.05		17 3		34716														
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																				
<table border="1"> <tr> <td>18 ACTION CODE</td> <td>19 OFFICE CODE</td> <td>20 ACTION NUMBER</td> <td>21 ACTION TYPE</td> <td>22 DATE OF ACTION</td> <td>23 DATE OF EFFECTIVE DATE</td> <td>24 DATE OF REVIEW</td> </tr> <tr> <td>22</td> <td>10</td> <td>51825 WH</td> <td>09026 S</td> <td>3</td> <td>10 31 22</td> <td>11 28 71 11 25 71</td> </tr> </table>							18 ACTION CODE	19 OFFICE CODE	20 ACTION NUMBER	21 ACTION TYPE	22 DATE OF ACTION	23 DATE OF EFFECTIVE DATE	24 DATE OF REVIEW	22	10	51825 WH	09026 S	3	10 31 22	11 28 71 11 25 71
18 ACTION CODE	19 OFFICE CODE	20 ACTION NUMBER	21 ACTION TYPE	22 DATE OF ACTION	23 DATE OF EFFECTIVE DATE	24 DATE OF REVIEW														
22	10	51825 WH	09026 S	3	10 31 22	11 28 71 11 25 71														
<table border="1"> <tr> <td>25 ACTION NUMBER</td> <td>26 ACTION DATE</td> <td>27 ACTION TYPE</td> <td>28 ACTION DATE</td> <td>29 ACTION DATE</td> <td>30 ACTION DATE</td> <td>31 ACTION DATE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							25 ACTION NUMBER	26 ACTION DATE	27 ACTION TYPE	28 ACTION DATE	29 ACTION DATE	30 ACTION DATE	31 ACTION DATE							
25 ACTION NUMBER	26 ACTION DATE	27 ACTION TYPE	28 ACTION DATE	29 ACTION DATE	30 ACTION DATE	31 ACTION DATE														
<table border="1"> <tr> <td>32 ACTION NUMBER</td> <td>33 ACTION DATE</td> <td>34 ACTION TYPE</td> <td>35 ACTION DATE</td> <td>36 ACTION DATE</td> <td>37 ACTION DATE</td> <td>38 ACTION DATE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							32 ACTION NUMBER	33 ACTION DATE	34 ACTION TYPE	35 ACTION DATE	36 ACTION DATE	37 ACTION DATE	38 ACTION DATE							
32 ACTION NUMBER	33 ACTION DATE	34 ACTION TYPE	35 ACTION DATE	36 ACTION DATE	37 ACTION DATE	38 ACTION DATE														
<table border="1"> <tr> <td>39 ACTION NUMBER</td> <td>40 ACTION DATE</td> <td>41 ACTION TYPE</td> <td>42 ACTION DATE</td> <td>43 ACTION DATE</td> <td>44 ACTION DATE</td> <td>45 ACTION DATE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							39 ACTION NUMBER	40 ACTION DATE	41 ACTION TYPE	42 ACTION DATE	43 ACTION DATE	44 ACTION DATE	45 ACTION DATE							
39 ACTION NUMBER	40 ACTION DATE	41 ACTION TYPE	42 ACTION DATE	43 ACTION DATE	44 ACTION DATE	45 ACTION DATE														

100 DATA

10 STOPS



"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11524 PLUS ACT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
PHILLIPS DAVID A	024745	51	730	CF GS 16 4	\$29,202

637

1 SERIAL NO		2 NAME		3 ORGANIZATION		4 FUNDS		5 LWOP HOURS		
024745		PHILLIPS DAVID A		51 730		CF				
6 OLD SALARY RATE				7 NEW SALARY RATE				8. TYPE ACTION		
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ	
GS 16	4	\$29,202	12/15/69	GS 16	5	\$30,087	12/13/70			
CERTIFICATION AND AUTHENTICATION										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE						DATE				
<i>Joseph D. [Signature]</i>										
<input type="checkbox"/> NO EXC. LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD										
CLASS INITIALS		PHILLIPS						INITIATED BY		
FORM 560		PAY CHANGE NOTIFICATION								


"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11524 PLUS ACT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	SALARY
PHILLIPS DAVID A	024745	51	730	CF GS 16 5	\$31,081

SECRET  
(When Filled In)

7 JAN 7

NOTIFICATION OF PERSONNEL ACTION											
1 SERIAL NUMBER		2 NAME (LAST-FIRST-MIDDLE)									
24345		P ILLIPS DAVID A									
3 NATURE OF PERSONNEL ACTION						4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT			
REASSIGNMENT						01 11 73		REGULAR			
6 FUNDS		V TO V		V TO CF		7 Financial Analysis No. Chargeable		8 CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		0135 0694 1100		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10 LOCATION (BY OFFICIAL STATION)					
DDP/WH FOREIGN FIELD BRANCH 5											
11 POSITION TITLE						12 POSITION NUMBER		13 SERVICE DESIGNATION			
CHIEF OF STATION						0186		D			
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)			15 OCCUPATIONAL SERIES			16 GRADE AND STEP		17 SALARY OR RATE			
GS			0186.05			16 4		27543			
18 REMARKS											
WAS .. D.C.											
D.C. BASE: W											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING		22 STATION CODE	23 INTRORGE CODE	24 HOURS CODE	25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LEI
37	10	01730 W		09 37	0	3	10 31 72				
28 RATE EXPIRES		29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE		32 CAUTION - Suspension Date		33 SOCIAL SECURITY NO.	
										EOD DATA	
34 VET PREFERENCE		35 SERV COMP DATE		36 LONG COMP DATE		37 CAREER CATEGORY		38 FEDERAL HEALTH INSURANCE		39 SOCIAL SECURITY NO.	
40 PREVIOUS CIVILIAN GOVERNMENT SERVICE				41 FEDERAL TAX DATA				42 STATE TAX DATA			
1. NO PREVIOUS SERVICE 2. BREAK IN SERVICE LESS THAN 3 YRS 3. BREAK IN SERVICE MORE THAN 3 YRS 4. BREAK IN SERVICE MORE THAN 3 YRS				1. YES 2. NO				1. YES 2. NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;">             JBC         </div>											

SECRET

JBC

01-22-73

PLW 20,195 PAID IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO THE AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 5 OCTOBER 1962

EFFECTIVE DATE OF PAY ADJUSTMENT: 15 JULY 1969

NAME	SERIAL	CRSN.	FUNDS	GR-STEP	P.F. SALARY
PHILLIPS DAVID A	024745	51	500	CF GS 16 4	\$27,549

SECRET  
(When Filled In)

PLW: 13 DEC 69

NOTIFICATION OF PERSONNEL ACTION									
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)							
024745		PHILLIPS DAVID A							
3 NATURE OF PERSONNEL ACTION					4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT		
PROMOTION					12 15 69		REGULAR		
6 FUNDS		7 TO V		8 TO CF		9 FINANCIAL ANALYSIS FOR EMERGENCY		10 CSC OR OTHER LEGAL AUTHORITY	
500		X		CF TO CF		5135 0500 0000		50 USC 403 J	
11 ORGANIZATIONAL DESIGNATIONS					12 LOCATION OF OFFICIAL STATION				
DDP/WH WH/COG OFFICE OF THE CHIEF					WASH., D.C.				
13 POSITION TITLE					14 POSITION NUMBER		15 SERVICE DESIGNATION		
CPS OFFICER CH					1105		D		
16 CLASSIFICATION SCHEDULE (GS OR FE)			17 OCCUPATIONAL SERIES		18 GRADE AND STEP		19 SALARY GR RATE		
GS			0135.71		16 4		2011		
20 REMARKS									
WASH., D.C.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
21 ACTION CODE	22 EMPLOY CODE	23 OFFICE CODE	24 STATION CODE	25 PAY CODE	26 GRADE	27 DATE OF BIRTH	28 DATE OF GRADE	29 DATE OF LET	
24	16	0135	W	70103	S	12 15 69	12 15 69	12 15 69	
30 PAY SYMBOL	31 PAY GRADE	32 PAY SYMBOL	33 PAY GRADE	34 PAY SYMBOL	35 PAY GRADE	36 PAY SYMBOL	37 PAY GRADE	38 PAY SYMBOL	39 PAY GRADE
40 PAY SYMBOL	41 PAY GRADE	42 PAY SYMBOL	43 PAY GRADE	44 PAY SYMBOL	45 PAY GRADE	46 PAY SYMBOL	47 PAY GRADE	48 PAY SYMBOL	49 PAY GRADE
50 PAY SYMBOL	51 PAY GRADE	52 PAY SYMBOL	53 PAY GRADE	54 PAY SYMBOL	55 PAY GRADE	56 PAY SYMBOL	57 PAY GRADE	58 PAY SYMBOL	59 PAY GRADE
60 SIGNATURE OF OFFICE AUTHORITY									
POST									



"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	51	500	CF GS 15 5	\$19,978	\$20,856

ON DUTY

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	51	500	CF GS 15 5	\$20,856	\$22,416

EXD

COMPLETION  
A TAX DEDUCTIBLE

SEP 16 2 01 PM '68

1 SERIAL NO	2 NAME	3 ORGANIZATION	4 FUNDS	5 LWOP HOURS
024345	PHILLIPS DAVID A	51 500	CF	
6 OLD SALARY RATE		7 NEW SALARY RATE		8 TYPE ACTION
Grade	Step	Salary	Last FM Date	Grade Step Salary EFFECTIVE DATE SI ADJ
GS-15	5	22416	09/29/66	GS 15 5 23075 09/22/68
CERTIFICATION AND AUTHENTICATION				
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.				
SIGNATURE			DATE	
<i>Donald C. Marellus</i>			12 July 1968	
<input type="checkbox"/> NO EXCESS STEP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD				
CLERK'S INITIALS			AUDITED BY	
R. S. WILKINS				

1111



SECRET  
(When Filled In)

SE: 12 SEPT 67

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)											
0211345		PHILLIPS DAVID A											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT						09   10   67		REGULAR					
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY					
CF TO V		X		CF TO CF		3135 0620 (YWR)		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION							
DDP/WH WH/COG OFFICE OF THE CHIEF						WASH., D.C.							
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION					
OPS OFFICER CH						1105		D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
GS				0136.01		15-5		19978					
18. REMARKS													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs Code	25. DATE OF BIRTH			26. DATE OF GRADE		27. DATE OF LEI	
37	10	51500	WH	75013	5	1	10   31   22						
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO		34. SEX			
						EOD DATA							
35. VET. PREFERENCE		36. SERV. COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE LAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA					
SIGNATURE OR OTHER AUTHENTICATION													

FORM 1150  
5-66

Use Previous Edition

SECRET

MAH

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

9/13/67

63-4

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
024345		PHILLIPS DAVID A		01 750 CP						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS 15	4	<del>19371</del> 19371	09/27/64	GS 15	5	<del>19978</del> 19978	09/27/66			
8. Remarks and Authorization										
<p>NO EXCESS LWOP          IN PAY STATUS AT END OF WAITING PERIOD          LWOP STATUS AT END OF WAITING PERIOD          CLERKS INITIALS                      AUDITED BY</p> <p>I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS          OF AN ACCEPTABLE LEVEL OF COMPETENCE.</p> <p>SIGNATURE: <i>Michael...</i>                      DATE 15/7/66</p> <p><b>PAY CHANGE NOTIFICATION</b></p>										



SECRET  
(When Filled In)

BJT, 18 OCT 66

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 024345		2. NAME (LAST FIRST MIDDLE) PHILLIPS DAVID A													
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM		4. EFFECTIVE DATE NO DA YR 10   23   66		5. CATEGORY OF EMPLOYMENT REGULAR											
6. FUNDS V TO V CF TO V X		7. COST CENTER NO CHARGEABLE 7135 0875 0000		8. CSC OR OTHER LEGAL AUTHORITY PL 88-643 SECT. 203											
9. ORGANIZATIONAL DESIGNATIONS DDP/WH		10. LOCATION OF OFFICIAL STATION													
11. POSITION TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION D											
14. CLASSIFICATION SCHEDULE (GS, LB, etc)		15. OCCUPATIONAL SERIES 15		17. SALARY OR RATE											
18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.															
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL															
19. ACTION CODE	20. EMPLOY. CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs. Code	25. DATE OF BIRTH MO DA YR			26. DATE OF GRADE MO DA YR			27. DATE OF LEI MO DA YR		
28. NTE EXPIRES MO DA YR		29. SPECIAL REFERENCE 1 - CSC 2 - FICA 3 - NONE		30. RETIREMENT DATA CODE 2		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA TYPE MO DA YR			33. SECURITY REQ NO.		34. SER		
35. VET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT		36. SERV COMP DATE MO DA YR		37. LONG COMP. DATE MO DA YR		38. CAREER CATEGORY CAP MIL. CIV. TEMP		39. FEGLI / HEALTH INSURANCE CODE CODE 0 - WAIVER 1 - YES HEALTH INS CODE			40. SOCIAL SECURITY NO				
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE 3 - BREAK IN SERVICE (USCIS)				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS			44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMP STATE CODE						
SIGNATURE OR OTHER AUTHENTICATION 10-21-66															

FORM 11 62 1150

Use Previous Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)



4-00000  
PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	51	750	CF GS 15 4	\$18,825	\$19,371

SECRET

30 June 1966

MEMORANDUM FOR : Chief, TRB

SUBJECT : Record of Contract Service for  
David A. Phillips

1. Per your request we are forwarding record of Subject's contract service:

<u>Date</u>	<u>Action</u>
4 March 1954	Hired as Contract Employee
31 July 1954	Terminated
1 August 1954	Hired as Contract Employee
31 March 1955	Terminated
19 August 1958	Hired as Contract Agent
13 March 1960	Terminated

2. Subject was employed on a full time basis with leave benefits from 4 March 1954 through 31 March 1955. Accordingly, this entire period is "creditable" for establishing his annual leave category. However, the period from 19 August 1958 through 13 March 1960, as an independent contractor, is not creditable for this purpose. Only the period from 4 March 1954 through 31 December 1954 is "creditable for Civil Service Retirement, since Contract Employee's were mandatorily covered by Social Security as of 1 January 1955. 1951-1953 Contract Agent time is not creditable.

3. Attached is OF record of Agency service with salary breakdown.

Rogers C. Brooks



OPTIONAL FORM NO. 10  
MAY 1962 EDITION  
GSA FPMR (41 CFR) 101-11.6  
UNITED STATES GOVERNMENT

# Memorandum

TO : Chief, Contract Personnel Division

DATE: 16 June 1966

ATTN :

FROM : Compensation and Tax Division  
Office of Finance

SUBJECT: Agency Service of David Atlee PHILLIPS

The records of the Office of Finance show the following Agency service for Subject:

**Contract Agent:**

EOD 1 February 1951 - \$600.00 P/M  
Term 28 February 1951 - \$600.00 P/M

*not creditable  
see memo 6-30-66*

EOD 25 January 1952 - \$6000.00 P/A  
Term 31 August 1953 - \$6000.00 P/A

*not creditable  
see memo 6-30-66*

**Contract Employee:**

EOD 4 March 1954 - \$7200.00 P/A  
Pay Inc. 1 August 1954 - \$8360.00 P/A  
Term. 31 March 1955 - \$8360.00 P/A

*o.k.*

**Staff Employees:**

Ex. Appt. 1 April 1955 - \$9600.00 P/A  
Res. 6 February 1956 - \$10,320.00 P/A

*o.k.*

**Staff Agent:**

Ex. Appt. 7 February 1956 - \$10,320.00 P/A  
PSI 7 October 1956 - \$10,535.00 P/A  
Pay Raise 12 January 1958 - \$11,595.00 P/A  
PSI 6 April 1958 - \$11,835.00 P/A  
Res. 13 August 1958 - \$11,835.00 P/A

*o.k.*

**Contract Agent:**

EOD 19 August 1958 - \$7,200.00 P/A  
Term. 13 March 1960 - \$7,200.00 P/A

*not creditable per  
memo from CPD  
dated 6-30-66*

**Staff Employee:**

Ex. Appt. 14 March 1960 - \$11,835.00 P/A  
Subject has been a Staff Employee since 14 March 1960.

*o.k.  
as Staff  
Employee*

Chief  
Agent Payroll Branch

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-501 PURSUANT TO AUTHORITY OF 5 U.S.C. 5305 IN THE CIVIL ACT OF 1949, AS AMENDED, AND A-001 POLICY EFFECTIVE DATE - OCTOBER 1952."

EFFECTIVE DATE OF PAY ADJUSTMENT IS OCTOBER 1952

NAME	SERIAL	FROM, FUNDS	TO, GRADE	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	51 650	GS 15	\$18,170	\$18,825

SECRET  
(When Filled In)

5 AUG 65

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 024345		2. NAME (LAST-FIRST-MIDDLE) PHILLIPS DAVID A	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 05   05   65	
5. CATEGORY OF EMPLOYMENT REGULAR		6. FUNDS V TO V CF TO V X CF TO CF	
7. COST CENTER NO. CHARGEABLE 6135 0875 0000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 2 STATION		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE CHIEF OF STATION		12. POSITION NUMBER 0274	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS	15. OCCUPATIONAL SERIES 0136.05	16. GRADE AND STEP 15 4	17. SALARY OR RATE 18170
18. REMARKS MEXICO CITY, MEXICO			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC: 51650 ALPHABETIC: WH	22. STATION CODE 19039
23. INTEGREE CODE 1	24. HOURS CODE 3	25. DATE OF BIRTH 10   31   22	26. DATE OF GRADE 
27. DATE OF LEA 	28. WTE EXPIRES XX   XXXX	29. SPECIAL REFERENCE 1 - CSC 2 - FICA 3 - NONE	30. RETIREMENT DATA CODE
31. SEPARATION DATA CODE	32. CORRECTION-CANCELLATION DATA TYPE: NO   DA   YR	33. SECURITY - REG NO	
34. VET PREFERENCE CODE: 0 - NONE 1 - 5 PT 2 - 10 PT	35. SERV COMP. DATE NO   DA   YR	36. LONG COMP. DATE NO   DA   YR	37. CAREER CATEGORY CAR   RES   CODE PROL   TEMP
38. FEGLI / HEALTH INSURANCE CODE: 0 - WAIVER 1 - YES	39. SOCIAL SECURITY NO		
40. PREVIOUS GOVERNMENT SERVICE DATA CODE: 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 1 YEAR 3 - BREAK IN SERVICE MORE THAN 1 YEAR		41. LEAVE CAT CODE	
42. FEDERAL TAX DATA FORM EXECUTED: CODE: 1 - YES 2 - NO		43. STATE TAX DATA FORM EXECUTED: CODE: 1 - YES 2 - NO	
SIGNATURE OR OTHER AUTHENTICATION			

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

ADPD 03/31/69

1 SERIAL NUMBER <b>024345</b>		2 NAME (LAST FIRST MIDDLE) <b>PHILLIPS DAVID A</b>		4 EFFECTIVE DATE MO DA YE <b>04 01 50</b>		5 CATEGORY OF EMPLOYMENT	
3 NATURE OF PERSONNEL ACTION <b>CONV. TO CAREER EMPLOYEE STATUS</b>				7 COST CENTER NO CHARGEABLE		8 CSK OR OTHER LEGAL AUTHORITY	
6 FUNDS		V TO V	V TO CF	10 LOCATION OF OFFICIAL STATION		13 CAREER SERVICE DESIGNATION <b>U</b>	
9 ORGANIZATIONAL DESIGNATIONS <b>DDP/WH DIVISION</b>		CF TO V	X CF TO CF	11 POSITION TITLE		12 POSITION NUMBER	
14 CLASSIFICATION SCHEDULE (GS 18 etc)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE	

18 REMARKS

SIGNATURE OR OTHER AUTHENTICATION:

POSTED  
04/01/69 [Signature]







IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1958, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 9 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	DA	700 CF	GS 15 3	\$15,925	\$16,495

SECRET  
(When Filled In)

MHC: 27 SEPT 63

NOTIFICATION OF PERSONNEL ACTION																							
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)																					
024345		PHILLIPS DAVID A																					
3 NATURE OF PERSONNEL ACTION					4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT																
PROMOTION					09 29 63		REGULAR																
6 FUNDS		7 COST CENTER NO CHARGEABLE		8 CXC OR OTHER LEGAL AUTHORITY																			
<table border="1"> <tr> <td>V TO V</td> <td>V TO CF</td> </tr> <tr> <td>CF TO V</td> <td>CF TO CF</td> </tr> </table>		V TO V	V TO CF	CF TO V	CF TO CF	4135 5700 1000		50 USC 403 J															
V TO V	V TO CF																						
CF TO V	CF TO CF																						
9 ORGANIZATIONAL DESIGNATIONS					10 LOCATION OF OFFICIAL STATION																		
DDP WH BRANCH 3 MEXICO CITY MEXICO STATION					MEXICO CITY, MEXICO																		
11 POSITION TITLE				12 POSITION NUMBER		13 SERVICE DESIGNATION																	
OPS OFFICER				0340		D																	
14 CLASSIFICATION SCHEDULE (GS, BR, etc.)			15 OCCUPATIONAL SERIES		16 IEP		17 SALARY GR. RATE																
GS			0136.01		15 3		15525																
18 REMARKS																							
MEXICO CITY, MEXICO																							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																							
19 ACTION CODE		20 EMPLOYER CODE		21 OFFICE CODING		22 STATION CODE		23 INTEGREE CODE		24 DEPT. CODE		25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LEI							
22		10		51700 WH		45075		1		3		10 31 22		09 29 63		09 29 63							
28 INT. EXPIRES			29 SPECIAL REFERENCE			30 RETIREMENT DATA			31 SEPARATION DATA CODE			32 CORRECTION CANCELLATION DATA			33 SECURITY REG. NO.		34 SEX						
09 28 65 31															EOD DATA								
35 NET PREFERENCES				36 SERV. COMP. DATA				37 LONG. COMP. DATA				38 CAREER CATEGORY				39 FEGLI / HEALTH INSURANCE				40 SOCIAL SECURITY NO.			
41 PREVIOUS AGREEMENT SERVICE DATA						42 LEAVE CODE		43 FEDERAL TAX DATA				44 STATE TAX DATA											
SIGNATURE OR OTHER AUTHENTICATION																							
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             10-11D 11/11-           </div>																							

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LA 79-730  
 DCI INFORMATION DATED 1 AUGUST 1984, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 18 OCTOBER 1982

NAME	SERIAL	CF	FUNDS	GR	ST	OLD SALARY	NEW SALARY
PHILLIPS DAVID A	024345	64700	CF	14	4	\$12,990	14 4 \$16,120

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
024345		PHILLIPS DAVID A		340 64 700 CF 8						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ
GS	14	4	\$14,120	09/17/61	GS	14	5	\$14,545	09/15/63	1
8. Remarks and Authentication										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: [Signature]								DATE: 17 July 1982		
PAY CHANGE NOTIFICATION										

Form 560  
9-61

Obsolete Previous Edition

(431)

SECRET  
(When Filled In)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
24345		PHILLIPS DAVID A		DDP/WH 07 UV						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ
GS	14	3	\$12,730	03/14/60	14	4	\$12,990	09/17/61		
8. Remarks and Authentication										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / IN LWOP STATUS AT END OF WAITING PERIOD										

BWS: 31 AUG 1961

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION					
ODF					
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)			
024345		PHILLIPS DAVID A			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT
			08 23 61		REGULAR
6. FUNDS	W TO W		W TO CF		7. COST CENTER NO. CHARGEABLE
	CF TO W		CF TO CF		
	X				2135 5700 1000
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDP WH BRANCH 3 MEXICO CITY MEXICO STATION			MEXICO CITY, MEXICO		
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
OPS OFFICER		0340		D	
14. CLASSIFICATION SCHEDULE (GS, WB, etc)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	
GS		0136.01		14 3	
17. SALARY OR RATE					
12730					

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

20. ACTION CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGREE CODE	24. REPORTING CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
5	10	64700 WH	45075	1	10 31 22		
28. NTE EXP. RES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REG NO		34. SEX
					EOD DATA		
35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. MIL SERV CREDIT	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO		
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA		

SIGNATURE OR OTHER AUTHENTICATION

[Signature]



PSC: 23 AUG 1961

SECRET  
(When Filled In)

OCF NOTIFICATION OF PERSONNEL ACTION																			
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)																	
024345		PHILLIPS DAVID A																	
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT												
REASSIGNMENT					08 15 61		REGULAR												
6. FUY:DS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY															
V TO V		2135 5700 1000		50 USC 403 J															
CF TO V		X		CF TO CF															
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION														
DDP WH BRANCH 3 MEXICO CITY, MEXICO STATION					MEXICO CITY, MEXICO														
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION													
OPS OFFICER				0340		D													
14. CLASSIFICATION SCHEDULE (GS, WB, etc)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE												
GS			0136.01		14 3		12730												
18. BENEFITS TO BE																			
[ ]																			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																			
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. REPORT CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI			
37		10		64700 WH		45075		3		10 31 22									
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION CANCELLATION DATA		33. SECURITY REG NO.		34. SEX							
MO DA YR				1 CSC 2 FICA 3 NONE				TYPE MO DA YR		EOD DATA									
35. VET PREFERENCE		36. SERV COMP. DATE		37. LONG COMP. DATE		38. MIL. SERV CREDIT LED		39. FEELI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.									
CODE		MO DA YR		MO DA YR		1 - YES 2 - NO		CODE CODE 0 - NONE 1 - YES											
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA									
CODE				CODE		CODE CODE CODE CODE				CODE CODE STATE CODE									
1 - NO PREVIOUS SERVICE 2 - BREAK IN SERVICE (LESS THAN 12 MOS) 3 - BREAK IN SERVICE (MORE THAN 12 MOS)						1 - YES 2 - NO				1 - YES 2 - NO									
SIGNATURE OR OTHER AUTHENTICATION																			
										FOOTED									
										03/29/61 ZIK									



IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCP MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

NO	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
0	PHILLIPS DAVID A	524345	46 17	GS-14 3	\$11,835	\$12,730

/S/ EMMETT D. FCHOLS  
DIRECTOR OF PERSONNEL

SECRET  
(When Filled In)

BWS: 15 APR 1960		NOTIFICATION OF PERSONNEL ACTION															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vol. Prof		5. Sex		6. CS - EOD				
524345		PHILLIPS DAVID A				Mo. Da. Yr. 10 31 22			Nono-0 5 Pt-1 10 Pt-2		Code 1		M 1		Mo. Da. Yr. 03 14 60		
7. SCD			8. CSC Rmt.		9. CSC Or Other Legal Authority			10. Appt. Auth.			11. ILGLI		12. LCD			13. M. Serv. Credit. Lec.	
Mo. Da. Yr. 02 12 54			Yes-1 No-2		Code 1 50 USCA 403 J			Mo. Da. Yr. Yes-1 No-2			Code 04 05 55		Yes-1 No-2			Code 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code		
CS/CS DEVELOPMENT COMPLEMENT DDP WH DIVISION				3608		WASH., D.C.				75013		
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series		
Dept - 1 Lkld - 3 Frgn - 5		Code 1 OPS OFFICER				031460		GS		0136.01		
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade			25. PSI		26. Appropriation Number	
14 3		\$11835		D		Mo. Da. Yr. 03 14 60			Mo. Da. Yr. 09 17 61		0320 1998	

ACTION

27. Nature Of Action			Code		28. Eff. Date			29. Type Of Employee			Code		30. Separation Data	
REASSIGNMENT			56		Mo. Da. Yr. 04 17 60			REGULAR			01			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code		
DDP WH BRANCH 4				4617		WASH., D. C.				75013		
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series		
Dept - 1 Lkld - 3 Frgn - 5		Code 1 OPS OFFICER				0624		GS		0136.01		
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade			42. PSI		43. Appropriation Number	
14 3		\$11835		D		Mo. Da. Yr. 03 14 60			Mo. Da. Yr. 09 17 61		0135 1000 1000	

44. Remarks

44-20-60-WK

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION															
PAS: 14 MARCH 1960															
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Ver. Pref		5. Sex		6. CS-EOD		
524345		DAVID A PHILLIPS PHILLIPS DAVID A				Mo. Da. Yr. 10 31 22			None-0 5 Pt-1 10 Pt-2 1		M I		Mo. Da. Yr. 03 14 60		
7. SCD		8. CSC Retmt.		9. CSC Or Other Legal Authority				10. Apmt Affidav		11. FEGLI		12. LCD		13. Encl. Pct	
Mo. Da. Yr. 02 12 54		Yes-1 No-2 1		50 USCA 403 J				Mo. Da. Yr. 03 14 60		Yes-1 No-2 1		Mo. Da. Yr. 04 05 55		Yes-1 No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept - 1 USfld - 3 Frqn - 5											
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
		\$				Mo. Da. Yr.		Mo. Da. Yr.			

ACTION

27. Nature Of Action		Code		28. Eff Date		29. Type Of Employee		Code		30. Separation Data	
EXCEPTED APPOINTMENT		17		03 14 60		REGULAR		20			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
CS/CS DEVELOPMENT COMPLEMENT DDP WH DIVISION				4688		WASH., D.C.				75013	
33. Dept - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept - 1 USfld - 3 Frqn - 5		1 OPS. OFFICER				031460		GS		0136.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
14 3		\$ 11835		0		03 14 60		09 17 61		0320 1998	

44. Remarks APPOINTEE.											
<div style="border: 1px dashed black; padding: 5px; display: inline-block;">FOI ID 3-24-60 rlh</div>											

**NOTIFICATION OF PERSONNEL ACTION**

1. NAME (LAST, FIRST, MIDDLE & INITIAL) (AND SUFFIXES) <i>Phillips</i>		2. DATE OF BIRTH 10/31/22	3. JOURNAL OR ACTION NO.	4. DATE 18 Aug 58	
This is to notify you of the following action affecting your employment:					
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>RESIGNATION (STAFF AGENT)</b>		6. EFFECTIVE DATE 15 Aug 58	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USC 4031		
FROM <b>Ops Officer (PP) 8127</b>  <b>GS-0136.31-14 \$11,835.00 p/a</b>  <b>DDP/NRA</b> <b>Project Annex</b> <b>Egypt &amp; Arab States Branch</b> <b>Project PECTAFB</b>		8. POSITION TITLE	9. SERVICE SERIES, GRADE, SALARY	10. ORGANIZATIONAL DESIGNATIONS	11. HEADQUARTERS
12. FIELD OR DEPT. <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT. <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL			
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> TICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> SD:DP <input checked="" type="checkbox"/>			
15. SEX M	16. APPROPRIATION FROM: 9-3361-91-215 TO:	17. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) YES	18. DATE OF APPOINTMENT (MONTH AND DAY) 15 Aug 58	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
20. REMARKS:  Subj debriefed by Security (Prasoo) Subj debriefed by Finance (Shipley) Subj debriefed by Personnel (Kreinherd)					
FOR DIRECTOR OF PERSONNEL					
<i>Joseph B. Pagan</i>					
21. SIGNATURE OR PRINTED AUTHENTICATION					
ENTRANCE PERFORMANCE RATING:					

**POSTED ON**  
 15 Aug 58



NOTIFICATION OF PERSONNEL ACTION

1. NAME (OR MISS-IES ONE GIVEN NAME INITIALS) AND SURNAME <i>Edward P. Kelly</i>		2. DATE OF BIRTH 31 Oct 1922	3. JOURNAL OR ACTION NO.	4. DATE 15 Aug 57
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) REASSIGNMENT (CORRECTION) STAFF AGENT		6. EFFECTIVE DATE 30 Apr 1957	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USC 4031	
FROM		TO		
Ops. Off (PP) BAF-126 GS-0136.31-14 \$10,535.00 p/a DDP/VII Branch III Havana Cuba Station Havana, Cuba		8. POSITION TITLE Ops. Officer (PP) PSP-8127 9. SERVICE, SERIES, GRADE, SALARY GS-0136.31-14 \$10,535.00 p/a 10. ORGANIZATIONAL DESIGNATIONS DDP/ISA Project Annex Egypt and Arab States Branch Project FECTATE 11. HEADQUARTERS [Redacted]	12. FIELD OR DEPT'L <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	
13. VETERAN'S PREFERENCE NONE <input checked="" type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL. <input type="checkbox"/> SD:CP		
15. SEX M	16. APPROPRIATION FROM: 6-3545-55-055 TO: 7-3361-91-215	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT (MONTHS) [Redacted]	19. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: [Redacted]
20. REMARKS:  *Subject arrived PCS [Redacted] 30 Apr 57. Project FECTATE was approved 15 Mar 57  <div style="text-align: right;">FOR DIRECTOR OF PERSONNEL <i>Louis W. Armstrong</i></div>				
ENTRANCE PERFORMANCE RATING:				
21. SIGNATURE OR OTHER AUTHENTICATION				

POSTED ON  
OF-40  
*[Signature]*



**NOTIFICATION OF PERSONNEL ACTION**

1. NAME (LAST, FIRST, MIDDLE, INITIALS AND SURNAME) <i>John P. [redacted]</i>		2. DATE OF BIRTH 31 Oct 1922	3. JOURNAL OR ACTION NO.	4. DATE 11 July 1957
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) REASSIGNMENT (STAFF AGENT)		6. EFFECTIVE DATE 18 June 57	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 4031	
FROM		TO		
Ops Off (PP) BAF-126 GS-0136.31-14 \$10,535.00 p/a DDP/WH BRANCH III Havana Cuba Station Havana, Cuba		8. POSITION TITLE Ops Officer (PP) BEP-8127 9. SERVICE SERIES, GRADE, SALARY GS-0136.31-14 \$10,535.00 p/a 10. ORGANIZATIONAL DESIGNATIONS DDP/NEA Project Annex Egypt and Arab States Branch Project PEETATE	11. HEADQUARTERS [redacted]	
<input checked="" type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPT'L	<input checked="" type="checkbox"/> FIELD	<input type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> 5 PT <input type="checkbox"/> 10 POINT <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> SD:DP		
15. SEX M	16. APPROPRIATION FROM: 6-3546-55-055 TO: 7-3381-91-215	17. SUBJECT TO C. S. RETIREMENT ACT (1950-90) Yes	18. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
20. REMARKS:  <div style="text-align: right; border: 1px solid black; padding: 5px; display: inline-block;">POSTED ON OF-AB <i>[Signature]</i></div>				
FOR DIRECTOR OF PERSONNEL				
<i>Louis W. Armstrong</i>				
21. SIGNATURE OR OTHER AUTHENTICATION				
ENTRANCE PERFORMANCE RATING:				

SECRET

1. ~~FREE~~ COPY  
*File*

U. S. GOVERNMENT PRINTING OFFICE: 1954 17 1020

Payroll Change Slip

1. Pay and organizational designations: OP/NEA

2. Payroll: J

3. Block No.:

4. Slip No.:

5. Employee's name (and social security account number when appropriate): Donald Phillip

6. Grade and salary: GS-14 \$10,320.00

**PAYROLL CHANGE DATA**

BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	NET PAY

11. Appropriation(s):

12. Prepared by: dsk 1 Aug 58

13. Audited by:

14. Date last equivalent increase: 1 Apr 58

15. Old salary rate: \$10,320.00

16. New salary rate: \$10,535.00

17. Performance Rating (if satisfactory - or below): ALL SATISFACTORY

18. Remarks: (Fill in appropriate spaces covering LWOP following periods):

19. Excess LWOP. Total excess LWOP:

20. Signature of other authentication:

21. Initials of Clerk:

STANDARD FORM NO. 11264-Rev. 1-58  
Prescribed by Comp. Gen., U. S. Ser. 26, 1954, General Regulations No. 102

**CONFIDENTIAL** PAYROLL CHANGE SLIP — PERSONNEL COPY

U. S. GOVERNMENT PRINTING OFFICE: 1955-227102

STEP INCREASE CERTIFICATION

1. Pay and organizational designations: OP/NEA

2. Payroll: J

3. Block No.:

4. Slip No.:

5. Employee's name (and social security account number when appropriate): Donald Phillip

6. Grade and salary: GS-14 \$10,535.00

**PAYROLL CHANGE DATA**

BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE INS.	NET PAY

11. Appropriation(s):

12. Prepared by: dsk 3 Feb 58

13. Audited by:

14. Date last equivalent increase: 7 Oct 58

15. Old salary rate: \$10,535.00

16. New salary rate: \$10,750.00

17. Performance Rating (if satisfactory - or below): ALL SATISFACTORY

18. Remarks: (Fill in appropriate spaces covering LWOP following periods):

19. Excess LWOP. Total excess LWOP:

20. Signature of other authentication:

21. Initials of Clerk:

STANDARD FORM NO. 11264-Rev. 1-58  
Prescribed by Comp. Gen., U. S. Ser. 26, 1954, General Regulations No. 102

**CONFIDENTIAL** PAYROLL CHANGE SLIP — PERSONNEL COPY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR. MISS. MRS. ONE GIVEN NAME, INITIALS, AND SURNAME) <b>Mr. David A. Phillips</b>		2. DATE OF BIRTH <b>21 Oct 1922</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>7 Feb 1956</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Resignation*</b>		6. EFFECTIVE DATE <b>6 Feb 1956</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM		TO		
<b>Ops Officer BM-239</b>  <b>OS-0156.31-14 \$10,320.00 per annum</b>  <b>DDP/PP Operations Staff</b> <b>Information Coordination Division</b> <b>Office of the Chief</b>  <b>Washington, D. C.</b>		8. POSITION TITLE	9. SERVICE, SERIES, GRADE, SALARY	10. ORGANIZATIONAL DESIGNATIONS
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		11. HEADQUARTERS	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	
12. FIELD OR DEPT'L		13. VETERAN'S PREFERENCE		
<input type="checkbox"/> NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 5-PT. <input type="checkbox"/> 10 POINT		14. POSITION CLASSIFICATION ACTION		
<input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL		<input type="checkbox"/> SD <input checked="" type="checkbox"/> DP		
15. SEX <b>M</b>	16. APPROPRIATION FROM: <b>6-2105-20</b> TO:	17. SUBJECT TO C 5 RETIREMENT ACT (YES-NO) <b>Yes</b>	18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <b>Texas</b>
20. REMARKS.				
<p><i>To seek other employment.</i></p> <p>Statement of accrued annual leave to your credit will be forwarded with your final salary check.</p> <p><b>57,--,-,-,-,-</b></p>				
ENTRANCE PERFORMANCE RATING		Director of Personnel SIGNATURE OR OTHER AUTHENTICATION		

7/7/56



CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION dah

1. NAME (MR.-MISS.-MRS.-ONE SIXTH NAME, INITIALS, AND SURNAME) <b>Mr. David A. Phillips</b>		2. DATE OF BIRTH <b>31 Oct 1922</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>4 October 1955</b>																									
This is to notify you of the following action affecting your employment:																													
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Reassignment (Correction) *</b>		6. EFFECTIVE DATE <b>14 Aug 1955</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USA 403 J</b>																										
FROM		TO																											
<b>Paramilitary Off. Bd-156</b>  <b>GS-0136.11-14 \$10,320.00 Per Annum</b>  <b>Office of the Chief</b>		<b>POSITION TITLE</b>  <b>OPS OFFICER</b>  <b>DDF/PP Operations Staff</b> <b>Information Coordination Division</b> <b>Office of the Chief</b>	<b>50-229</b>  <b>GS-0136.31-14 \$10,320.00 Per Annum</b>																										
<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<b>10. ORGANIZATIONAL DESIGNATIONS</b>  <b>Washington, D.C.</b>	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL																										
<b>11. HEADQUARTERS</b>  <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		<b>12. FIELD OR DEPTL</b>  <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL																											
<b>13. VETERAN'S PREFERENCE</b> <table border="1"> <tr> <td>WAR</td> <td>ARMY</td> <td>OTHER</td> <td>5-PT</td> <td>10-POINT</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>DISAB OTHER</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		WAR	ARMY	OTHER	5-PT	10-POINT					DISAB OTHER						<b>14. POSITION CLASSIFICATION ACTION</b> <table border="1"> <tr> <td>1/2</td> <td>1/3</td> <td>1/4</td> <td>1/5</td> <td>REAL</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			1/2	1/3	1/4	1/5	REAL					
WAR	ARMY	OTHER	5-PT	10-POINT																									
				DISAB OTHER																									
1/2	1/3	1/4	1/5	REAL																									
<b>15. TO</b> <b>6-2101-20</b>		<b>17. APPROPRIATION</b> <b>6-2105-20</b>		<b>18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)</b> <b>Yes</b>																									
<b>16. FROM</b> <b>6-2101-20</b>		<b>19. DATE OF APPOINTMENT AFFIDAVITS ACCESSIBLE ONLY</b>		<b>20. LEGAL RESIDENCE</b> <input type="checkbox"/> CLAIMED <input type="checkbox"/> PRO. AD STATE:																									
This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.																													
* This Action Corrects Item No. 17 on the "to" Side of Notification dated 4 August 1955, to show the correct Allotment Number, previously shown as 6-2101-20																													
ENFORCEMENT PERFORMANCE RATING:																													
SIGNATURE OF PERSONNEL OFFICER:																													



CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1 NAME (MR, MISS, MRS, ONE GIVEN NAME INITIALS, AND SURNAME) <b>MR. DAVID A. PHILIPS</b>		2 DATE OF BIRTH <b>31 Oct 1922</b>	3 JOURNAL OR ACTION NO.	4 DATE <b>4 Aug 1955</b>
This is to notify you of the following action affecting your employment:				
5 NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Reassignment</b>		6 EFFECTIVE DATE <b>14 Aug 1955</b>	7 CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 U.S.C. 103 j</b>	
FROM		TO		
8. POSITION TITLE <b>Paramilitary Off. BW-156</b>		8. POSITION TITLE <b>Ops Officer BW-229</b>		
9. SERVICE, SERIES, GRADE, SALARY <b>GS-0136.11-14 \$10,320.00 per annum</b>		9. SERVICE, SERIES, GRADE, SALARY <b>GS-0136.31-14 \$10,320.00 per annum</b>		
10. ORGANIZATIONAL DESIGNATIONS <b>DDP/PP Operations Staff Office of the Chief</b>		10. ORGANIZATIONAL DESIGNATIONS <b>DDP/PP Operations Staff Information Coordination Div. Office of the Chief</b>		
11. HEADQUARTERS <b>Washington D. C.</b>		11. HEADQUARTERS <b>Washington D. C.</b>		
12 FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		12 FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL		
13 VETERAN'S PREFERENCE NONE <input type="checkbox"/> 10-YEAR <input type="checkbox"/> 5-YEAR <input type="checkbox"/> 3-YEAR <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> DISAB <input type="checkbox"/> OTHER <input type="checkbox"/>		14 POSITION CLASSIFICATION ACTION <b>DDP</b>		
15 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	16. APPROPRIATION TO: <b>5-2101-20</b> TO: <b>6-2101-20</b>	18 SUBJECT TO U.S. RETIREMENT ACT (YES-NO) <b>Yes</b>	19 DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	20 LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: <b>Texas</b>
21 REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.				
<p style="text-align: center;"><i>10,320</i></p> <p style="text-align: center;"><i>[Signature]</i></p>				
Director of Personnel		ENTRANCE PERFORMANCE RATING		

4. PERSONNEL FOLDER COPY

*7/8 8/11/55*

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION FC 26 April 1955  
 SR 6032 eep

1. NAME (MR., MRS., MISS, ONE GIVEN NAME, INITIALS, AND SURNAME) <b>Mr. David A. Phillips</b>		2. DATE OF BIRTH <b>31 October 1922</b>	3. JOURNAL OR ACTION NO.	4. DATE <b>1 April 1955</b>																				
This is to notify you of the following action affecting your employment:																								
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>Excepted Appointment</b>		6. EFFECTIVE DATE <b>1 April 1955</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>50 USCA 403</b>																					
FROM		TO																						
8. POSITION TITLE <b>Paramilitary Off. PM BW-156-14</b>		9. SERVICE, SERIES, GRADE, SALARY <b>GS-0136.11-14 \$9000.00 P/a</b>																						
10. ORGANIZATIONAL DESIGNATIONS <b>DDP/P&amp;P Operations Staff Office of the Chief</b>		11. HEADQUARTERS <b>Washington, D. C.</b>																						
12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL																						
13. VETERAN'S PREFERENCE <table border="1"> <tr> <td>10-POINT</td> <td>DISAB</td> <td>OTHER</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		10-POINT	DISAB	OTHER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. POSITION CLASSIFICATION ACTION <table border="1"> <tr> <td>NEW</td> <td>VICE</td> <td>P. A.</td> <td>REPL.</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			NEW	VICE	P. A.	REPL.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
10-POINT	DISAB	OTHER																						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
NEW	VICE	P. A.	REPL.																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
15. SEX (MALE/FEMALE)	17. APPROPRIATION FROM <b>5-0101-20</b>	18. SUBJECT TO C. 5 RETIREMENT ACT (YES/NO) <b>Yes</b>	19. DATE OF APPOINTMENT AFFIDAVIT (EXCEPTIONS PERM) <b>23 April 1955</b>	20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE <b>Texas</b>																				
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.  Subject to a satisfactory physical examination.  RC 06 DJG 04-01-55 CSECD 04-01-55 LCD 04-01-55																								
ENTRANCE PERFORMANCE RATING: <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Director of Personnel					1	2	3	4	5	6	7	8	9	10										
1	2	3	4	5	6	7	8	9	10															

TWO  
5/2/55

SECRET

12 May 1966

MEMORANDUM FOR: Chief, Contract Personnel Division

ATTENTION :

SUBJECT : Verification of Contract Service  
PHILLIPS, David A.

In order to establish the salary, LCD and to compute the SCD for both leave and retirement purposes, it is necessary to verify the contract service and salary of David A. PHILLIPS, DOB 31 October 1922, who claims employment with this Agency in a contract status from 27 March 1952 to 1 April 1955 and from 19 August 1958 to 13 March 1960.

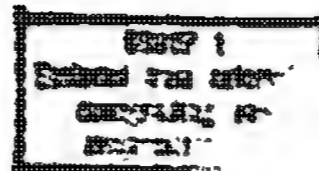
Signed

Deputy Chief, Transactions & Records Branch

Distribution:

- 0 & 1 - Addressee
- 1 - CPF - PHILLIPS
- 1 - TRB - Chrono

SECRET





4 February 1971

David A. Phillips

30 June 1966

31 March 1955

4 March 1954

WH/Personnel

30 June 1966

MEMORANDUM FOR : Chief, TRB

SUBJECT : Record of Contract Service for  
David A. Phillips

1. Per your request we are forwarding record of Subject's contract service:

<u>Date</u>	<u>Action</u>
4 March 1954	Hired as Contract Employee
31 July 1954	Terminated
1 August 1954	Hired as Contract Employee
31 March 1955	Terminated
19 August 1953	Hired as Contract Agent
13 March 1950	Terminated

2. Subject was employed on a full time basis with leave benefits from 4 March 1954 through 31 March 1955. Accordingly, this entire period is "creditable" for establishing his annual leave category. However, the period from 19 August 1953 through 13 March 1950, as an independent contractor, is not creditable for this purpose. Only the period from 4 March 1954 through 31 December 1954 is "creditable" for Civil Service Retirement, since Contract Employee's were mandatorily covered by Social Security as of 1 January 1955. 1951-1953 Contract Agent time is not creditable

3. Attached is OF record of Agency service with salary breakdown.

Rogers C. Brooks  
Acting Chief, Contract Personnel Division

Distribution:  
Orig - Addressee  
2 - CPD

ATTN: Chief, Contract Personnel Division  
[Redacted]

16 June 1966

Compensation and Tax Division  
Office of Finance

Agency Service of David Atlee PHILLIPS

The records of the Office of Finance show the following Agency service for Subject:

**Contract Agents:**

EOD 1 February 1951 @ \$600.00 P/M  
Term 28 February 1951 @ \$600.00 P/M

EOD 25 January 1952 @ \$6000.00 P/A  
Term 31 August 1953 @ \$6000.00 P/A

EOD 4 March 1954 @ \$7200.00 P/A  
Pay Inc. 1 August 1954 @ \$8360.00 P/A  
Term. 31 March 1955 @ \$8360.00 P/A

**Staff Employees:**

Ex. Appt. 1 April 1955 @ \$9600.00 P/A  
Pos. 6 February 1956 @ \$10,320.00 P/A

**Staff Agent:**

Ex. Appt. 7 February 1956 @ \$10,320.00 P/A  
PSI 7 October 1956 @ \$10,535.00 P/A  
Pay Paise 12 January 1958 @ \$11,595.00 P/A  
PSI 6 April 1958 @ \$11,835.00 P/A  
Pos. 13 August 1958 @ \$11,835.00 P/A

**Contract Agents:**

EOD 19 August 1958 @ \$7,200.00 P/A  
Term. 13 March 1960 @ \$7,200.00 P/A

**Staff Employees:**

Ex. Appt. 14 March 1960 @ \$11,835.00 P/A  
Subject has been a Staff Employee since 14 March 1960.

[Redacted]  
Chief



CLASSIFICATION

**FITNESS REPORT**

<b>SECTION A</b>		<b>GENERAL INFORMATION</b>			
1. EMPLOYEE NUMBER <b>024345</b>	2. NAME (Last, first, middle) <b>Phillips, David A.</b>	3. DATE OF BIRTH & SEX <b>10/31/22 M</b>	4. GRADE <b>GS-18</b>	5. BD <b>D</b>	
7. OFFICIAL POSITION TITLE <b>Chief, WE Division</b>		8. OFF. DIV./BR OF ASSIGNMENT <b>DDO/WE/O-CH</b>	9. CURRENT STATION <b>Headquarters</b>	10. CODE (if any) <b>S</b>	11. DP <b></b>
11. TYPE OF APPOINTMENT			12. TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)	<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> ANNUAL
			<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL	
13. REPORTING PERIOD (7/01-20) <b>1 May 1973 - 31 March 1974</b>			14. DATE REPORT DUE IN O.P. <b>30 April 1974</b>		

**SECTION B - QUALIFICATIONS UPDATE**

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

**SECTION C - PERFORMANCE EVALUATION**

**U - Unsatisfactory** Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.

**M - Marginal** Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

**P - Proficient** Performance is satisfactory. Desired results are being produced in the manner expected.

**S - Strong** Performance is characterized by exceptional proficiency.

**O - Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO.	RATING LETTER
1 <b>Plans, organizes and implements the programs of the Operations Directorate in the Western Hemisphere area.</b>	<b>S</b>
2 <b>Supervises approximately <input type="checkbox"/> staff employees in Headquarters and <input type="checkbox"/> in <input type="checkbox"/> Stations and Bases abroad.</b>	<b>S</b>
3 <b>Represents the Agency in contacts with senior representatives of liaison services.</b>	<b>O</b>
4 <b>Represents the Directorate and/or the Agency in official contacts with other components of our government.</b>	<b>S</b>
5 <b>Implements the EEO policy of the Agency.</b>	<b>S</b>
6	

**OVERALL PERFORMANCE IN CURRENT POSITION**

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct or job cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

**RATING LETTER**  
**S**

CLASSIFICATION

SECTION D		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.</p>			
<p>This report covers Mr. Phillips' initial period as a Division Chief. It coincided with a period of unusually high stress and strain in the Western Hemisphere Division, particularly in relationships with the State Department and in the problems left over from our drastic measures designed to protect ourselves against a potential counterintelligence disaster. The most important fact to be recorded about Mr. Phillips' direction of his Division during this period is that he kept operations at the top of his priority list, and that as a result our operational achievements in the area during the past year have been on the whole better than in the year before.</p> <p>Mr. Phillips is developing into a very competent manager, and has handled well the problems involved in adjusting to decreasing manpower ceilings. He is prudent in the use of official funds. He is a good supervisor and is providing excellent leadership to his subordinates, who have responded with a clear improvement in morale during the period since Mr. Phillips assumed charge.</p> <p style="text-align: right;">(continued next page)</p>			
SECTION E		CERTIFICATION AND COMMENTS	
1. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
9			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
22 April 1974	Associate Deputy Director for Operations	David H. Blee	
2. BY EMPLOYEE			
STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE	SIGNATURE OF EMPLOYEE	
HAVE ATTACHED <input type="checkbox"/> HAVE NOT ATTACHED <input type="checkbox"/>	23 APRIL 1974	<i>[Signature]</i>	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Concur. An excellent operational leader who is learning rapidly the nuances of a Division Chief's job in Washington. He is an inspirational leader whose management techniques and abilities are still developing. All in all a first rate performance.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
11 June 1974	Deputy Director for Operations	William E. Nelson	
4. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT	DATE	SIGNATURE OF EMPLOYEE	
	6/21/74	<i>[Signature]</i>	
CLASSIFICATION			
SECRET			



SECRET

Fitness Report - David A. Phillips

Section D., Continued:

The most dramatic challenge to the capabilities of the WH Division in the past year flowed from the overthrow of the Allende government in Chile. Overall, the intelligence reporting was timely and accurate, the adjustments to our political action programs skillfully made, and the responses to Congressional inquiry well handled.

It is as a senior operations officer that Mr. Phillips has had the greatest experience, and it is not surprising that he has made an excellent input into the improvement of operational matters throughout the many areas of this hemisphere for which he is responsible. He has also consistently handled the many and important senior liaison contacts which he has made during this year, both at Headquarters and during field visits, with great effectiveness.



CLASSIFICATION

FITNESS REPORT

**SECTION A GENERAL INFORMATION**

1. EMPLOYEE NUMBER 024345	2. NAME (Last, First, middle) Phillips, David A.	3. DATE OF BIRTH 10/31/22	4. SEX M	5. GRADE GS-18	6. BD D
7. OFFICIAL POSITION TITLE Chief, WH Division		8. OFF/DIV/BR OF ASSIGNMENT DDO/WH/O-CH	9. CURRENT STATION Headquarters	10. CODE (if any) S	DP
11. TYPE OF APPOINTMENT C CAREER REERVE CONTRACT OTHER (Spec.) TEMPORARY			12. TYPE OF REPORT ANNUAL REASSIGNMENT SPECIAL		
13. REPORTING PERIOD (from-to) 1 May 1973 - 31 March 1974			14. DATE REPORT DUE IN O.P. 30 April 1974		

**SECTION B QUALIFICATIONS UPDATE**

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT, IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

**SECTION C PERFORMANCE EVALUATION**

U--Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.

M--Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

P--Proficient Performance is satisfactory. Desired results are being produced in the manner expected.

S--Strong Performance is characterized by exceptional proficiency.

O--Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1 Plans, organizes and implements the programs of the Operations Directorate in the Western Hemisphere area.	RATING LETTER S
SPECIFIC DUTY NO. 2 Supervises approximately <input type="text"/> staff employees in Headquarters and <input type="text"/> in <input type="text"/> Stations and Bases abroad.	RATING LETTER S
SPECIFIC DUTY NO. 3 Represents the Agency in contacts with senior representatives of liaison services.	RATING LETTER O
SPECIFIC DUTY NO. 4 Represents the Directorate and/or the Agency in official contacts with other components of our government.	RATING LETTER S
SPECIFIC DUTY NO. 5 Implements the EEO policy of the Agency.	RATING LETTER S
SPECIFIC DUTY NO. 6	RATING LETTER

**OVERALL PERFORMANCE IN CURRENT POSITION**

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER  
S

11 JUL 1974

CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

This report covers Mr. Phillips' initial period as a Division Chief. It coincided with a period of unusually high stress and strain in the Western Hemisphere Division, particularly in relationships with the State Department and in the problems left over from our drastic measures designed to protect ourselves against a potential counterintelligence disaster. The most important fact to be recorded about Mr. Phillips' direction of his Division during this period is that he kept operations at the top of his priority list, and that as a result our operational achievements in the area during the past year have been on the whole better than in the year before.

Mr. Phillips is developing into a very competent manager, and has handled well the problems involved in adjusting to decreasing manpower ceilings. He is prudent in the use of official funds. He is a good supervisor and is providing excellent leadership to his subordinates, who have responded with a clear improvement in morale during the period since Mr. Phillips assumed charge.

(continued next page)

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION <b>9</b>	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE <b>22 April 1974</b>	OFFICIAL TITLE OF SUPERVISOR <b>Associate Deputy Director for Operations</b>	TYPED OR PRINTED NAME AND SIGNATURE <b>David R. Blee</b>

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE	SIGNATURE OF EMPLOYEE
<input type="checkbox"/> HAVE ATTACHED <input type="checkbox"/> HAVE NOT ATTACHED	<b>23 APRIL 1974</b>	<i>[Signature]</i>

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur. An excellent operational leader who is learning rapidly the nuances of a Division Chief's job in Washington. He is an inspirational leader whose management techniques and abilities are still developing. All in all a first rate performance.

DATE <b>11 June 1974</b>	OFFICIAL TITLE OF REVIEWING OFFICIAL <b>Deputy Director for Operations</b>	TYPED OR PRINTED NAME AND SIGNATURE <b>William E. Nelson</b>
-----------------------------	-------------------------------------------------------------------------------	-----------------------------------------------------------------

4. BY EMPLOYEE

I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT	DATE <b>June 21, 1974</b>	SIGNATURE EMPLOYEE <i>[Signature]</i>
-----------------------------------------------------------------------	------------------------------	------------------------------------------

CLASSIFICATION



4-00000

Fitness Report - David A. Phillips

Section D., Continued:

The most dramatic challenge to the capabilities of the WH Division in the past year flowed from the overthrow of the Allende government in Chile. Overall, the intelligence reporting was timely and accurate, the adjustments to our political action programs skillfully made, and the responses to Congressional inquiry well handled.

It is as a senior operations officer that Mr. Phillips has had the greatest experience, and it is not surprising that he has made an excellent input into the improvement of operational matters throughout the many areas of this hemisphere for which he is responsible. He has also consistently handled the many and important senior liaison contacts which he has made during this year, both at Headquarters and during field visits, with great effectiveness.

100000



CLASSIFICATION

FITNESS REPORT

SECTION A GENERAL INFORMATION					
1. EMPLOYEE NUMBER 024345	2. NAME (Last, first, middle) Phillips, David A.	3. DATE OF BIRTH 31 Oct 22	4. SEX M	5. GRADE GS-17	6. SD D
7. OFFICIAL POSITION TITLE Chief of Station		8. OFF/DIV/BR OF ASSIGNMENT DDP/WII/3	9. CURRENT STATION	10. HQ CD 3	
11. TYPE OF APPOINTMENT			12. TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)	<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> ANNUAL
				<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL
13. REPORTING PERIOD (from-to) 1 February 1972 - 31 March 1973			14. DATE REPORT DUE IN O.P. 31 May 1973		

SECTION B QUALIFICATIONS UPDATE	
IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.	

SECTION C PERFORMANCE EVALUATION	
<b>U-Unsatisfactory</b>	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.
<b>M-Marginal</b>	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.
<b>P-Proficient</b>	Performance is satisfactory. Desired results are being produced in the manner expected.
<b>S-Strong</b>	Performance is characterized by exceptional proficiency.
<b>O-Outstanding</b>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES	
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).	
SPECIFIC DUTY NO. 1	RATING LETTER
SPECIFIC DUTY NO. 2	RATING LETTER
SPECIFIC DUTY NO. 3	RATING LETTER
SPECIFIC DUTY NO. 4	RATING LETTER
SPECIFIC DUTY NO. 5	RATING LETTER
SPECIFIC DUTY NO. 6	RATING LETTER

OVERALL PERFORMANCE IN CURRENT POSITION	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.	RATING LETTER

22 JAN 74

SECRET  
CLASSIFICATION

SECTION D NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position, keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

JAN 11 10 44 AM '74

SEE ATTACHED

SECTION E CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, C AND D OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
7 January 1974	Chief of Station	 Theodore G. Shackley
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Mr. Phillips is a highly experienced senior operations officer with outstanding leadership ability. In both the Chief of Station positions covered by this report his performance was superior in every important respect.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
8 Jan 1974	ADD/O	 David H. Blee

CLASSIFICATION  
SECRET

SECRET

SECTION D • NARRATIVE COMMENTS

1. In the period covered by this report Mr. Phillips was the Chief of Station [ ] during the time frame February to August 1972. After that Mr. Phillips became the Chief of Station, [ ] and served in [ ] during the period August 1972 to April 1973. At both of these posts Mr. Phillips was responsible for managing an average of [ ] Agency employees. Additionally, Mr. Phillips supervised in this period an average FY budget of [ ] which was spent on FI, CA, CI, anti-narcotics and protected economic intelligence operations. American policy interests in [ ] and [ ] are high in terms of the United States scale of values for Latin America. This means that Mr. Phillips was assigned to two prestige posts during a fifteen month time span.

2. As a manager Mr. Phillips is operations oriented. In view of this he places his time, attention and command emphasis on programs that are designed to acquire intelligence and agents. This approach has consistently produced results in terms of FI and CA operations which are targeted against the host country.

3. Mr. Phillips was also active at both posts as an operations manager who focused Station resources on the Soviet target, protected economic intelligence and the anti-narcotics effort. Unfortunately, as these programs moved into gear Mr. Phillips was also in motion between Stations, or had just been in place at his second Station for less than a year. As a result one can only say that Mr. Phillips made all the right moves in his managerial duties against these priority targets. The brevity of his program implementation at each of the two posts did not provide a solid basis, however, for measuring tangible success. In short Mr. Phillips deserves high marks for initiative, drive and imagination on programs that were receiving increased attention at Headquarters.

4. The myriad problems that are faced when a Station moves its location from one city to another were still challenging Mr. Phillips when he left [ ]. In overview terms, however, the move from [ ] to [ ] was well done. This does not mean that Mr. Phillips' successor at [ ] did not have some gaps to fill or adjustments to make in the administrative field. The scope of these actions, however, was in the realm of the reasonable and attests to the fact that while his basic interests are in

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-2-

operations, administration per se is not a totally alien field to Mr. Phillips.

5. In representational terms Mr. Phillips did a sound job in winning and maintaining the respect of the American Ambassadors in [ ] and [ ]. This is due in large measure to Mr. Phillips' native charm, area knowledge, and language skills [ ]. In addition, Mr. Phillips is people oriented, and this makes it possible for him to sell himself and CIA to senior American officials at the Ambassador level.

6. In personal terms Mr. Phillips is a hard-working, dedicated officer who is a good team player. This officer has the intent, capability and desire to fulfill the needs of the Organization. He is particularly well versed in CA skills and is politically oriented. As a result he likes the challenge of election operations and is well qualified in this area.

7. Mr. Phillips' total performance during the period covered by this report merits an evaluation of Strong.

8. In terms of future assignments Mr. Phillips is likely to be at his professional best in field activities. This officer is highly specialized in Latin American affairs, but he is perfectly capable of being a Station Chief at most Agency posts in Europe or Asia.

9. Mr. Phillips' activities come to the attention of the Rating Officer on a daily basis.

SECRET

**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>				<b>EMPLOYEE SERIAL NUMBER</b> 024345	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>Phillips, David A.</b>		2. DATE OF BIRTH <b>31 Oct 1922</b>	3. SEX <b>M.</b>	4. GRADE <b>GS-17</b>	5. SD <b>D</b>
6. OFFICIAL POSITION TITLE <b>Chief of Station</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/WH/5</b>		
8. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	INITIAL	<input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) <b>1 July 1971 - 31 January 1972</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER <b>S</b>

20 JAN 1972

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable.</u> If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p style="text-align: center;">HAY 2000</p> <p>Please see attached MEMORANDUM IN LIEU OF FITNESS REPORT.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
27 January 1972	/s/ David A. Phillips		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
10 January 1972	Chief, WII Division	William V. Broc	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Please see attached.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
	ADDP	Cord Meyer, Jr.	

SECRET



Mr. Phillips continues to show excellent growth potential and his breadth of capabilities qualifies him for advancement to senior echelons.

I rate Mr. Phillips as very Strong as Chief of Station,

  
William V. Broe

Chief

Western Hemisphere Division

I certify that I have seen this memorandum:

/s/ David A. Phillips  
David A. Phillips

This fitness report is being sent to David A. Phillips in  for his signature and to be returned to Headquarters for file.

27 January 1972

Date

Comments of Reviewing Official:

I completely agree with this high rating and should add that subject has handled a continuing Congressional interest in  with a rare combination of diplomatic tact and sound judgment.

  
Cord Meyer Jr.

Assistant Deputy Director for Plans

15 Jan 72  
Date

10 January 1972

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: David A. Phillips  
1 July - 31 December 1971

This memorandum is in lieu of a fitness report to cover Mr. Phillips' performance during the period 1 July to 31 December 1971. This rating is being prepared in view of the rater's imminent departure from the Division.

Last month Mr. Phillips was promoted from GS-16 to GS-17. There is no better evidence of the high esteem in which he is held by his superiors in the Agency.

During this rating period Mr. Phillips transferred the station from [redacted] This move, however, divorces the Chief of Station from the main area of operations, [redacted] In spite of this Mr. Phillips, through much extra effort and time on his part, has been able to maintain a high operational tempo in the station.

Station relations with key people in the [redacted] government, especially the security agencies, have been highly productive but through recent efforts, these relations have been placed on a much higher plane with the decision

[redacted]

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				024345	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>Phillips, David A.</b>			2. DATE OF BIRTH <b>31 Oct 1922</b>	3. SEX <b>M</b>	4. GRADE <b>GS-16</b>
5. OFFICIAL POSITION TITLE <b>Chief of Station</b>			7. OFF. DIV. OR OF ASSIGNMENT <b>DDP/WH/5</b>	8. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY
<input type="checkbox"/>	CAREER-PROVISIONAL (See instructions - Section C)		<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>
<input type="checkbox"/>	SPECIAL (Specify):		<input type="checkbox"/>	SPECIAL (Specify):	
11. DATE REPORT DUE IN O.P. <b>30 April 1971</b>			12. REPORTING PERIOD (From- to-) <b>1 April 1970 - 30 June 1971</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
See attached memorandum.					
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					<b>S</b>



SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses in performance in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
AUG 5		AUG 5 11 05 AM '71	
MAIL ROOM			
See attached memorandum.			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
11 August 1971	/s/ David A. Phillips		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
	<del>copy of report has been sent to Mr. Phillips for acknowledgment</del>		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
30 June 1971	Chief, WH Division	/signed/ William V. Broe	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
See attached.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
	Assistant Deputy Director for Plans	/signed/ Cord Meyer, Jr.	

SECRET

SECRET

30 June 1971

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: Mr. David A. Phillips  
1 April 1970 - 30 June 1971

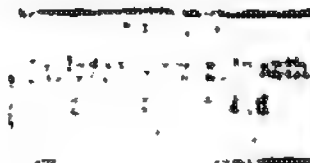
This memorandum is in lieu of the fitness report on Mr. Phillips as Chief of Station, [redacted], during the period 1 April 1970 to 30 June 1971.

Mr. Phillips is a highly capable, versatile and imaginative Operations Officer and manager who makes a substantial contribution to the Clandestine Service.

The above statement is borne out by the fact that faced with a highly difficult, sensitive operational problem of the utmost priority in the fall of 1970, the Rater immediately thought of Mr. Phillips as the man to head the Task Force and received immediate and enthusiastic endorsement from the Deputy Director for Plans and the Director for Mr. Phillips' assignment. He was recalled from [redacted] took over the Task Force, and handled it in an outstanding manner.

My first statement is further borne out by the fact that Ambassador [redacted], on a recent visit to Washington, made a special effort to express to the Rater his appreciation for Mr. Phillips' support to him and the Embassy and to express further his appreciation to the Agency for furnishing him a man of Mr. Phillips' caliber.

SECRET



SECRET

- 2 -

Mr. Phillips has a large, widely spread operation with Bases in [redacted] However, he has succeeded in keeping them well coordinated and dead on the target.

I rate Mr. Phillips as Strong as Chief of Station, [redacted]

[redacted]

*William V. Broe*

William V. Broe

Chief

Western Hemisphere Division

I certify that I have seen this memorandum:

\_\_\_\_\_  
David A. Phillips

\_\_\_\_\_  
Date

Comments of Reviewing Official:

I would have rated this performance as "very strong". Excellent political judgment and the ability to handle the most delicate situations with tact and discretion characterize this performance.

*Cord Meyer, Jr.*

Cord Meyer, Jr.

Assistant Deputy Director for Plans

22 July 71  
Date

SECRET



S-E-C-R-E-T

TRAINING REPORT

Course # 3/71

Specialized Training in Weapons for  
Self-Defense and Countermeasures Against  
Vehicular Kidnapping

Date: 2-5 February 1971

Trainee: PHILLIPS, David A.

Office: WH

Purpose and Scope of the Course:

The course provides basic proficiency training in the use of weapons for self-defense and in the techniques of evasive driving to counter vehicular kidnapping for Agency officers being assigned to hostile or unstable political and operational environments abroad.

Achievement Record:

This is to certify that Mr. Phillips has satisfactorily completed the prescribed course of instruction.

FOR THE DIRECTOR OF TRAINING:

  
CHIEF, SPECIAL ACTIVITIES BRANCH

10 February 1971

DATE

S-E-C-R-E-T


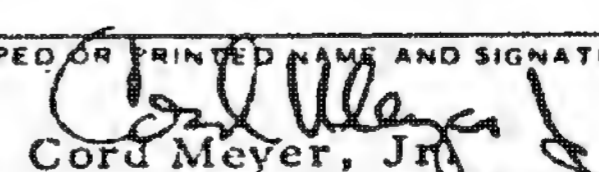
**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				024345	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
Phillips, David A			10/31/22	M	16 D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION	
COS			DDP/WH/Br. 5		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR
	CAREER-PROVISIONAL (See instructions - Section C)		<input checked="" type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/>	REASSIGNMENT EMPLOYEE
	SPECIAL (Specify):		SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 April 1969 - 31 March 70		
SECTION B PERFORMANCE EVALUATION					
<p><b>U-Unsatisfactory</b> Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>M-Marginal</b> Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p><b>P-Proficient</b> Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p><b>S-Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O-Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
See attached memorandum.					S
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					S

5 AUG 1970  
[Signature]



SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p style="text-align: center;">AUG 4 3 49 PM '70</p> <p style="text-align: center;">See Attached Memorandum in Lieu of Fitness Report.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
15 July 1970	Chief, WH Division	/signed/ William V. Broe	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
21 JUL 1970	Assistant Deputy Director for Plans	 Cord Meyer, Jr.	

SECRET



SECRET

15 July 1970

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: Mr. David A. Phillips  
1 April 1969 - 31 March 1970

This memorandum is in lieu of the fitness report on Mr. David A. Phillips as Chief of Station, [redacted] during the period 1 April 1969 to 31 March 1970.

During this period Mr. Phillips took over command of the [redacted] Station. It is typical of Mr. Phillips that he made excellent preparation for this assignment, including a full-time course [redacted]

Mr. Phillips has brought to his new position the operational zeal and enthusiasm that has characterized all of his previous positions. [redacted] by the very nature of its size but, more importantly, the type of "strait jacket" government in power, is a difficult place to operate on a broad plain. Mr. Phillips has the station moving and real effort and progress is seen on the more difficult targets, such as the Soviets.

He has excellent relations within the embassy and is recognized for his contribution to [redacted] He, of course, handles his liaison contacts with mature style and is very actively developing a number of contacts in the local community.

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Mr. Phillips is a good supervisor of men and the present high morale of the [redacted] Station and its Bases is a living proof of this. He furnishes good operational planning and guidance and exhibits a high degree of cost consciousness.

I rate Mr. Phillips as Strong as Chief of Station,

[redacted]

*William V. Broe*  
William V. Broe  
Chief

Western Hemisphere Division

I certify that I have seen this memorandum:

*David A. Phillips*  
\_\_\_\_\_  
David A. Phillips

*26 Sept 1970*  
\_\_\_\_\_  
Date

Date of Report  
15 January 1970

LANGUAGE TRAINING REPORT

Student Names  
PHILLIPS, DAVID A.

Officer  
WB

Courses  
FULL-TIME

Inclusive Dates  
11/03/69-12/18/69

Proficiency Level before and After Training		
	Before	After
Speaking	--	1.0
Aural Comp.	--	3.0
Read Comp.	--	3.0
Instructor's Estimate vice Official Test		

Hours of Instruction  
Scheduled 244 Actual 108  
Absences 28

LANGUAGE TRAINING AIMS AND EVALUATION CRITERIA

The general aim of this course of study was to provide the student with a command of a foreign language in a skill and at the level set by the sponsoring office. Speaking, aural comprehension and reading comprehension, as required, were emphasized. Fluency and accuracy were given equal importance in training and in evaluation of the student. Cultural matters were covered only incidentally.

This student evaluation is based on (1) Instructor and linguist observations; (2) regularly administered oral and written achievement tests; (3) a final comprehensive achievement examination. The achievement rating reflects only performance and achievement in the course and is conditioned by the length of time the student spent in training, achievement potential based upon his or her aptitude for language study and upon motivation. This rating should not be confused with the Proficiency Rating which is submitted separately on Form 1273, Certification of Language Proficiency.

PROGRESS IN ACHIEVING COURSE AIMS

(Overall progress in the course is shown as unsatisfactory, marginal, satisfactory, above average, superior when compared against established standards for such training).

Speaking	Aural Comprehension	Reading Comprehension
SUPERIOR	SUPERIOR	N.A.

PERFORMANCE EVALUATION

In six weeks the student covered the entire DLI course of 75 lessons which usually takes 4 to 6 months to complete. His study habits and approach to language learning were excellent and he made maximum use of the time available.

The joint decision by instructor and student to rush through 75 lessons was based on:

- (1) the student's determination to make as much of a conversion from [redacted] as possible and
- (2) on the instructor's faith and confidence in the student's ability to do so.

In cases where the principal objective is to convert a student's command of [redacted] the point is often reached where the student is able to understand and make himself understood most adequately without, See reverse side for additional comment

For the Director of Trainings:

[redacted signature]

Department Chief  
Language School/DIR



4-00000

however, his having achieved a corresponding tested level because of the

In the case of this student, I judge his command of the language to be already adequate for all situations he may encounter in the field. So that while he may not test quite elementary, in reality, and as far as ability to communicate effectively is concerned, he would have to be rated intermediate.

SECRET

TECHNICAL SERVICES DIVISION -- TECHNICAL SCHOOL

SHORT RANGE AGENT CONTACT SURVEY (A-106)

Training Report

Name : PHILLIPS, David A.

Office: WH/COG

Date : 6 June 1969

1. OBJECTIVES:

To provide a general knowledge in:

- a. Selected gear used for clandestine short range agent contacts. Included are representative samples of:

One way RF radio devices; two way RF radio devices; two way carrier current devices; optical communicators; and special telephone devices used for establishing agent contact.

- b. The philosophy, purpose, considerations and manageability of short range agent contact systems; including message security, link security, reliability and feasibility of agent contact systems.

  
\_\_\_\_\_  
INSTRUCTOR  
TSD/TECHNICAL SCHOOL

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				024345			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Phillips, David A.			10/31/22	M	GS-16	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer			DDP/WH/COG		Hqs.		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	INITIAL
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)	<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>	SPECIAL (Specify):	<input type="checkbox"/>	REASSIGNMENT SUPERVISOR
<input type="checkbox"/>	SPECIAL (Specify):	<input type="checkbox"/>	SPECIAL (Specify):	<input type="checkbox"/>	REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From- to-)			
04/69				1 April 68 - 31 March 69			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
SPECIFIC DUTY NO. 2						RATING LETTER	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<p style="text-align: center;"><b>OVERALL PERFORMANCE IN CURRENT POSITION</b></p> <p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p>							RATING LETTER
							S



SECRET  
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>See attached Memorandum in Lieu of Fitness Report.</p>			
<p>JUN 2 11 27 AM '69 OFFICE OF PERSONNEL WH DIVISION</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
9 June 1969	/signed/ David A. Phillips		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
6 June 1969	Deputy Chief, WH Division	/signed/ John R. Horton	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
See attached.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
27 June 1969	Chief, WH Division	/signed/ William V. Broe	

SECRET

6 June 1969

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: Mr. David A. Phillips  
1 April 1968 to 31 March 1969

Mr. Phillips continues to head the Division's program against the high-priority Cuban target, although he has also been selected to fill an unusually responsible job overseas in the coming year, both of which jobs testify to the high regard in which he is held by his superiors in the Agency. Mr. Phillips has had the difficult task of presiding over a show which is being cut back, in terms of money and people, and in which task he has played a major role. At the same time as doing a pruning job, he has had to try to maintain a vigorous program and to keep up enthusiasm. His own qualities of personal leadership and of magnetism have done a great deal to keep up enthusiasm among his people. He has a positive attitude toward operations and is determined; his day-to-day concern is for developing new operations, and he has put all of his own notable vigor and drive into operational directions.

Mr. Phillips knows his target and knows Latin America well and he brings a good feel and insight into his work, which is never pedestrian or unimaginative. He speaks well and convincingly and makes a very good impression both within the Agency and outside, where he serves the Agency well in his relations with other government elements. He also writes notably well.

His task this year has not been easy for he has had to deal with an experimental situation, to a considerable extent, with the new Miami station which he is responsible for supporting and guiding. He has had to exercise a good deal of tact and diplomacy in the doing of it and he has done a good job of reconciling often conflicting views. He has shown a good head for costs in all of this.

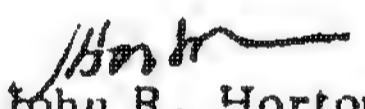
SECRET

SECRET


Mr. Phillips is a notably good supervisor, especially with younger officers, for whom he is an object of admiration and emulation. Mr. Phillips is a fast-moving, energetic person and he has some of the faults that often go with this virtue: he is impatient with details and "paper" with the consequence that if someone else does not do it for him, his work is sometimes marred by inaccuracies and imprecisions.

Without going into it, it should be noted that Mr. Phillips has had a very trying year personally and it is a proof of his strength of character that he has not only come through it but has hardly broken his stride in carrying out a demanding job, or being any less than his usual cheerful and charming self.

His performance has been very Strong.

  
John R. Horton  
Deputy Chief  
Western Hemisphere Division

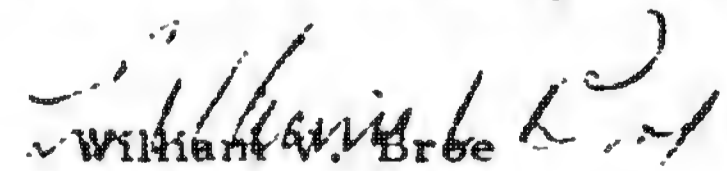
I certify that I have seen  
this memorandum:

  
David A. Phillips

7 June 1969  
Date

Comments of Reviewing Official:

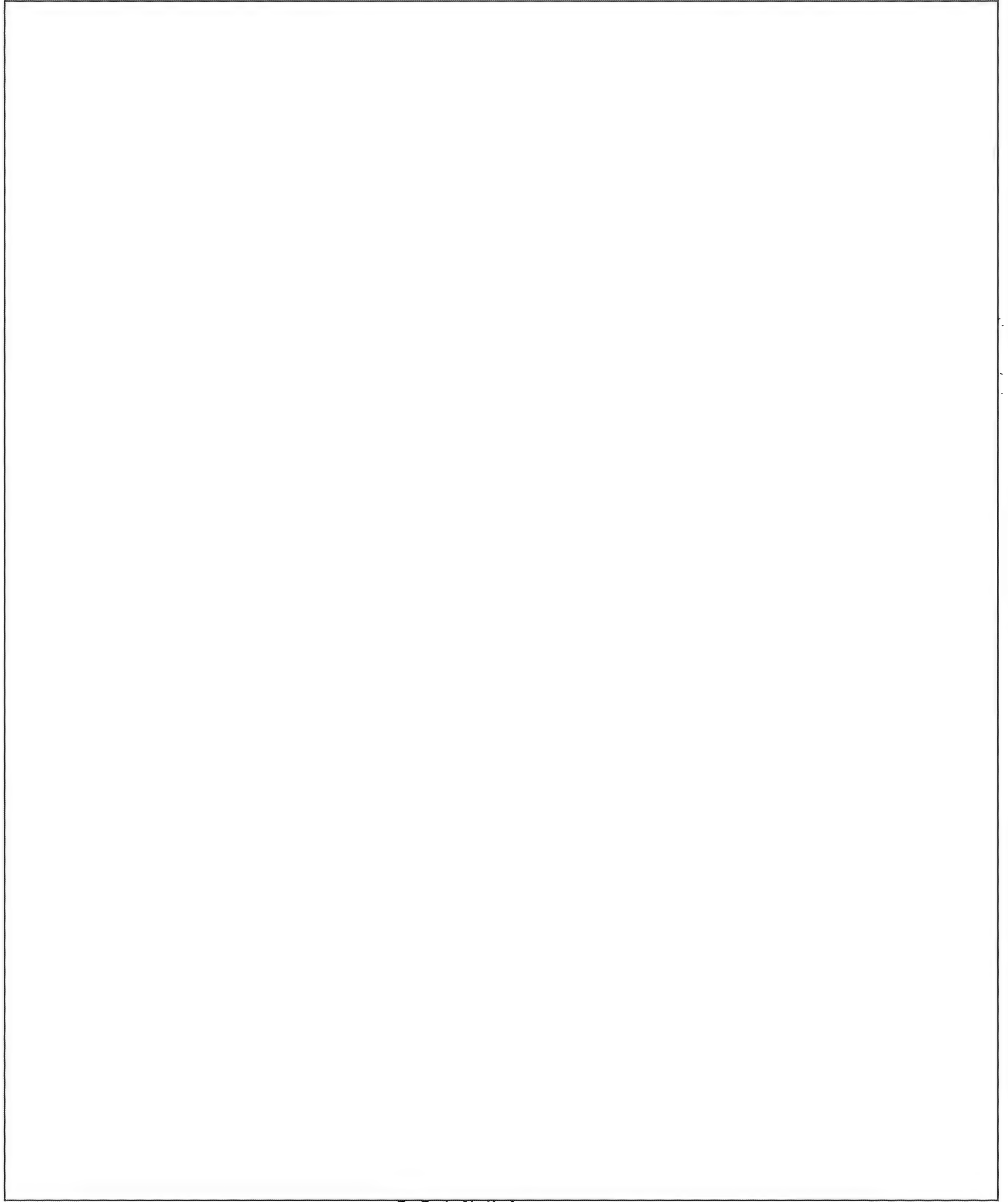
I concur in the above rating of Mr. Phillips. Dave Phillips is an operator in the solid professional sense of the word. I have great hopes for the  which he takes over early in 1970.

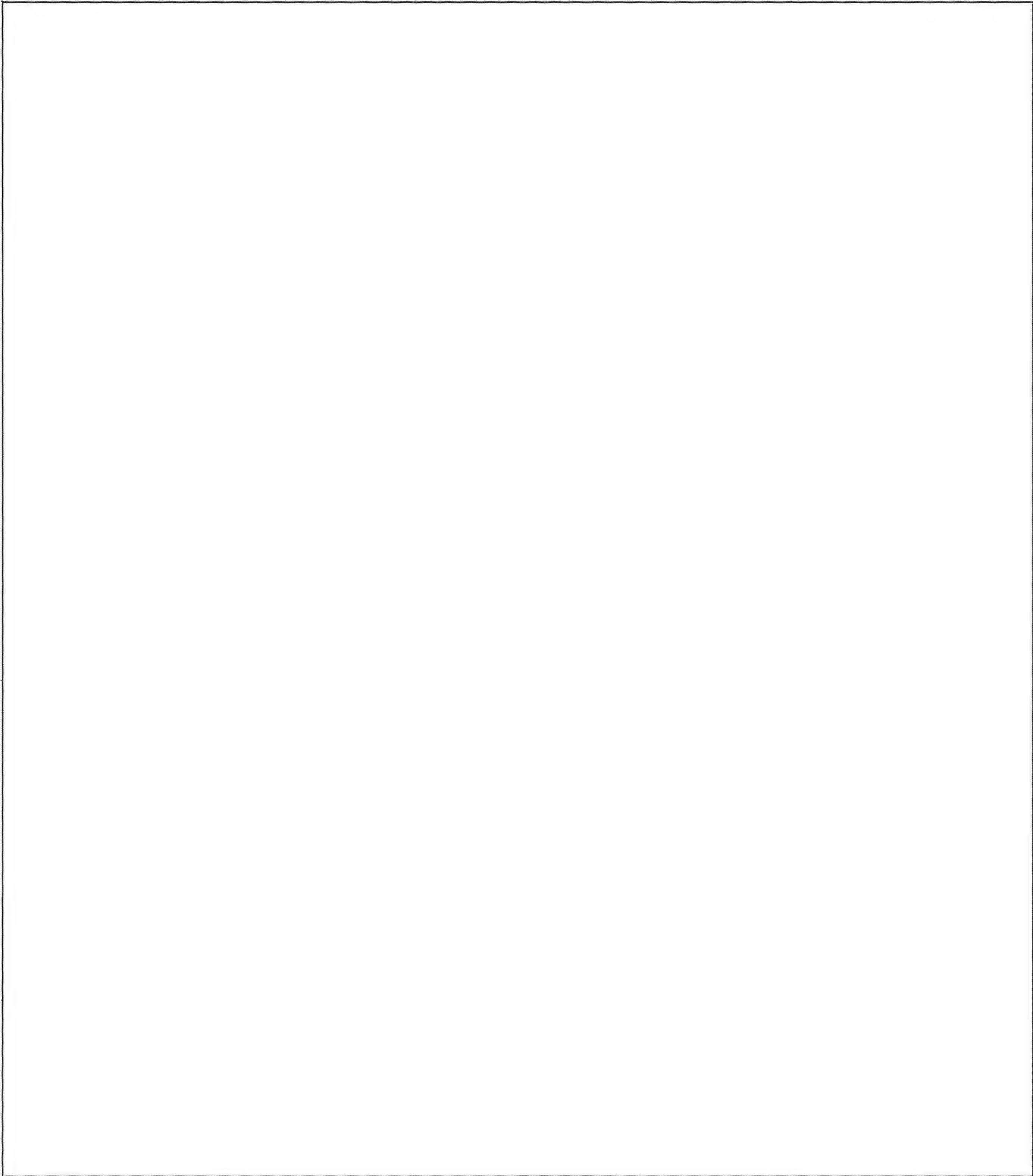
  
William W. Bree  
Chief

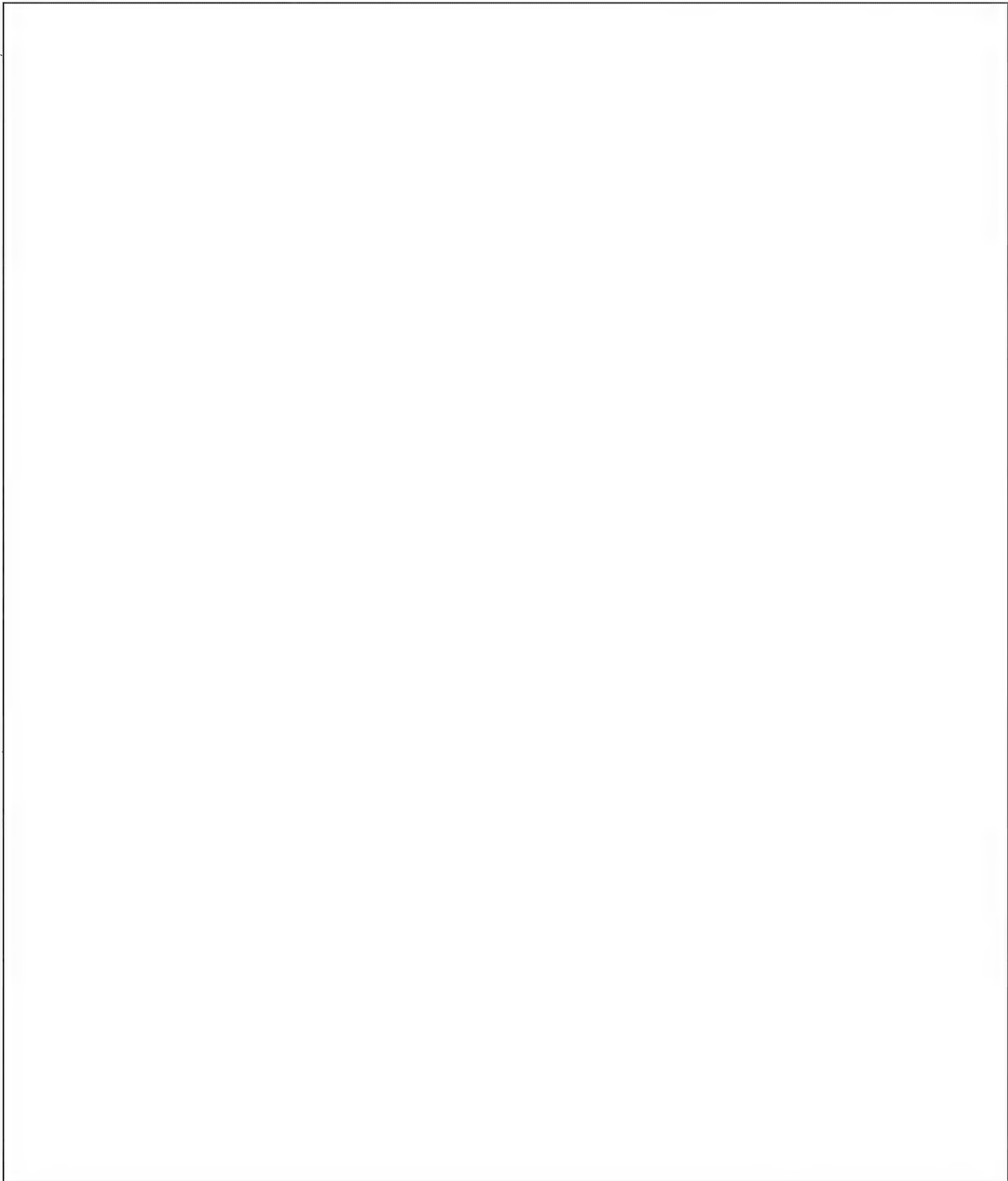
27 June 1969  
Date

Western Hemisphere Division

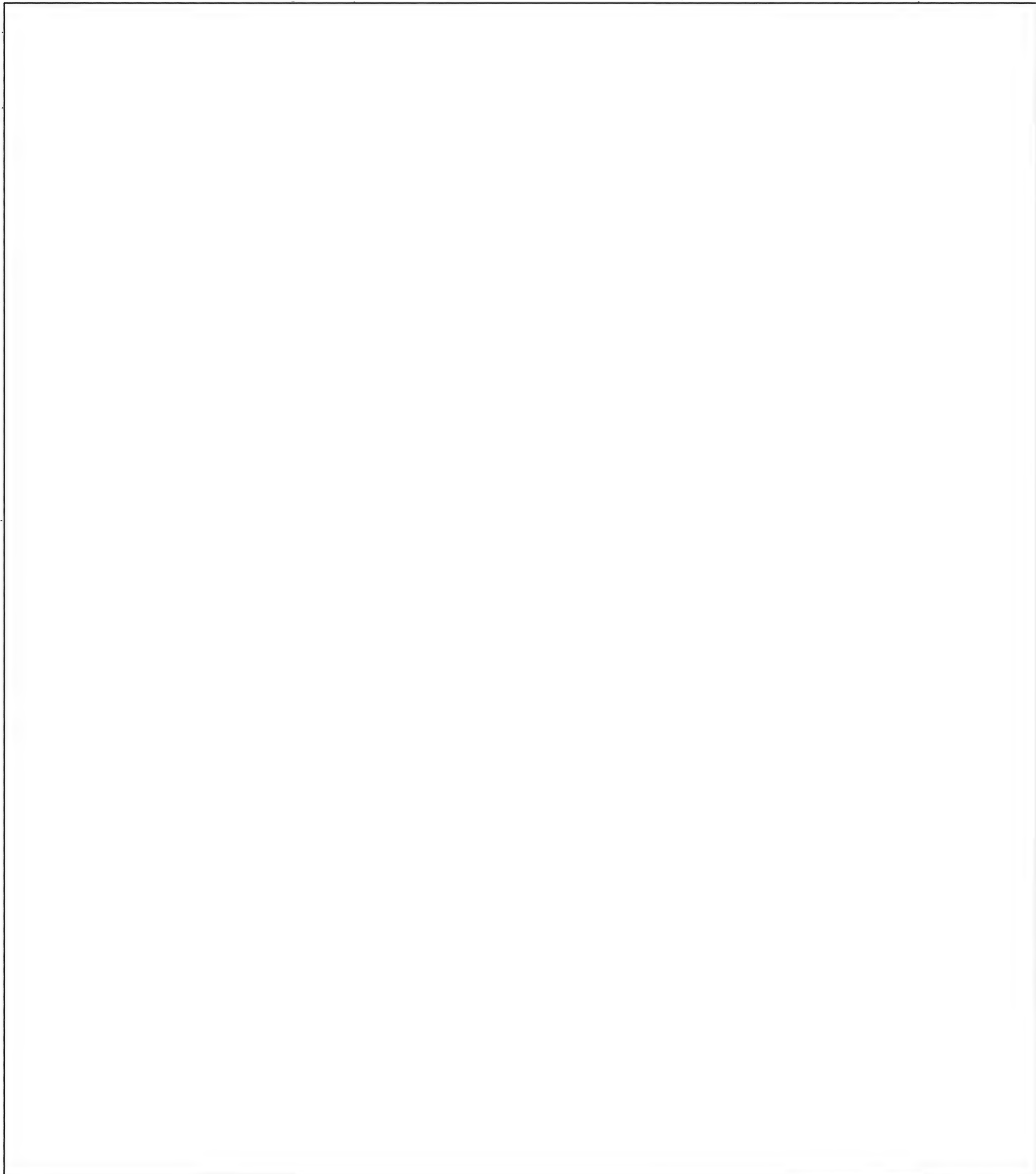


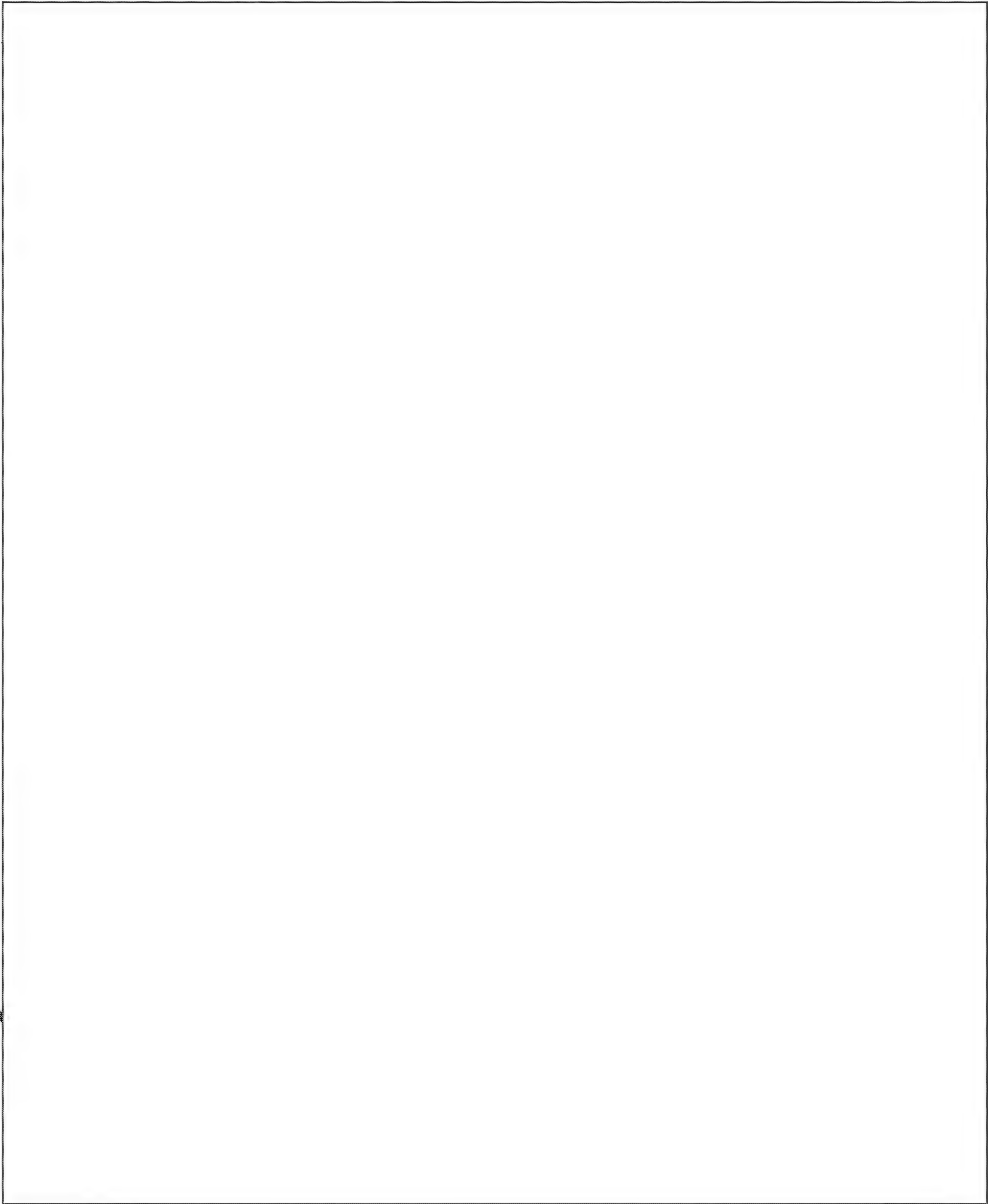


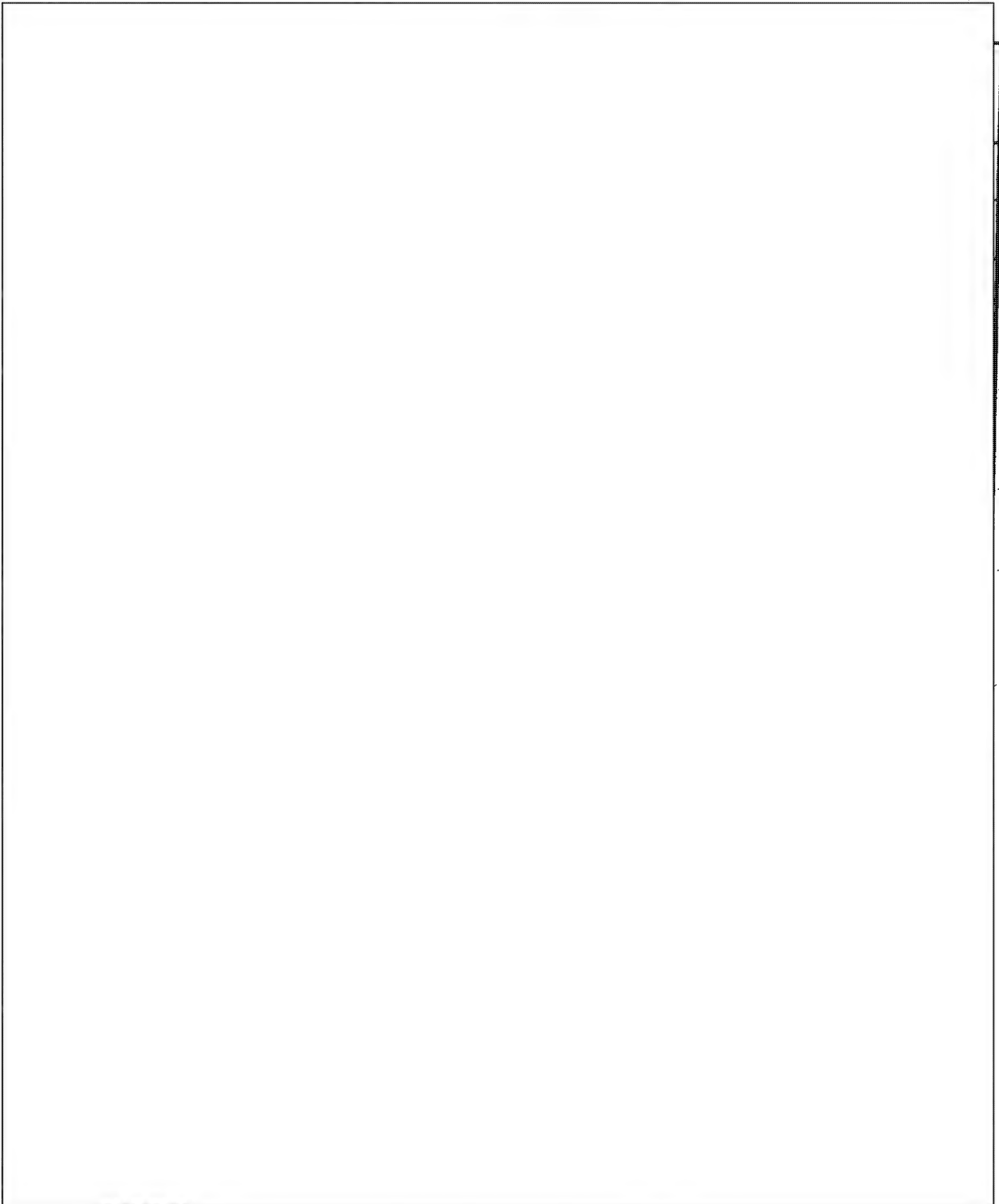


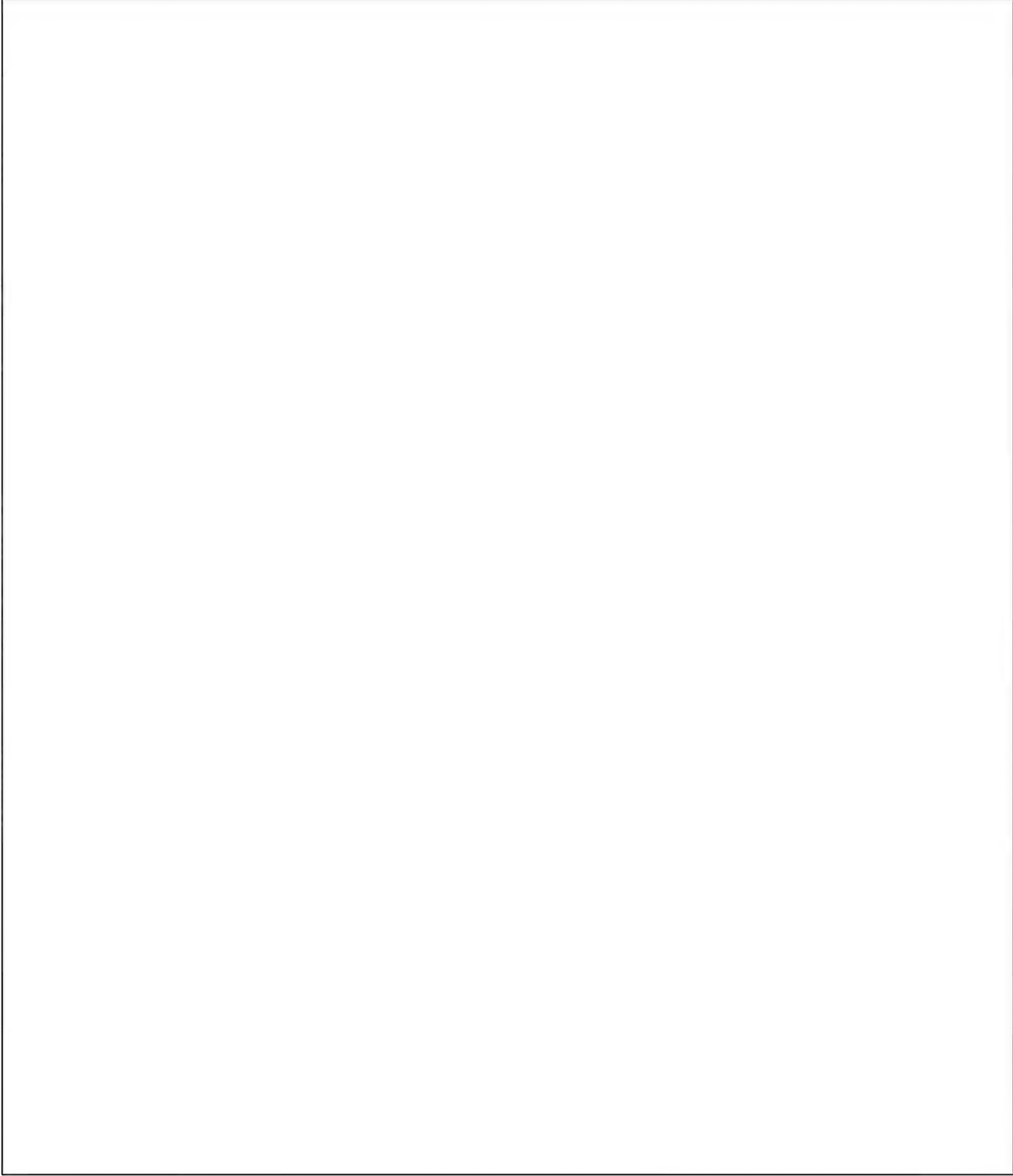




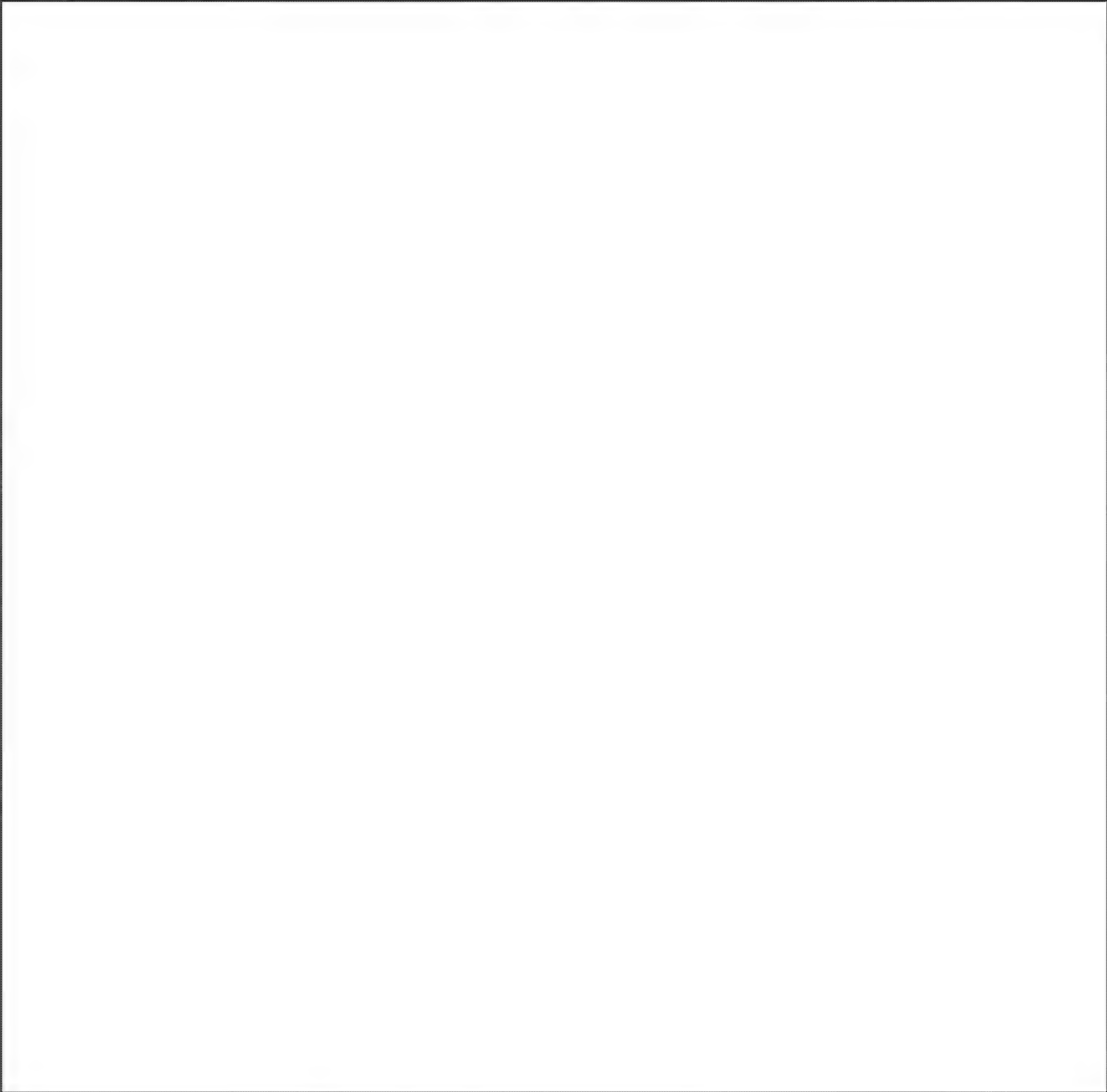












SECRET

**SECRET**

*(When Filled In)*

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				024345			
<b>SECTION A</b>				<b>GENERAL</b>			
1. NAME <i>(Last) (First) (Middle)</i> Phillips, David A.			2. DATE OF BIRTH 10/31/22		3. SEX M	4. GRADE 15	5. SD D
6. OFFICIAL POSITION TITLE Ops Officer Ch.			7. OFF/DIV BR OF ASSIGNMENT WH/COG		8. CURRENT STATION Hqts.		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR				
<input type="checkbox"/> CAREER-PROVISIONAL <i>(See Instructions - Section C)</i>			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE				
<input type="checkbox"/> SPECIAL <i>(Specify):</i>			<input type="checkbox"/> SPECIAL <i>(Specify):</i>				
11. DATE REPORT DUE IN O.P. 04/68			12. REPORTING PERIOD <i>(From - to)</i> 1 April 1967 - 31 March 1968				
<b>SECTION B</b>				<b>PERFORMANCE EVALUATION</b>			
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1  Responsibility for overall management of Headquarters Branch activities.							RATING LETTER  S
SPECIFIC DUTY NO. 2  Support and guidance of field operations.							RATING LETTER  S
SPECIFIC DUTY NO. 3  Reporting to higher authority; implementing of policy level decisions.							RATING LETTER  O
SPECIFIC DUTY NO. 4  Supervision and management of personnel.							RATING LETTER  O
SPECIFIC DUTY NO. 5  Liaison with State Department and other agencies.							RATING LETTER  O
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER  O
Reviewed by OP/PD/EAB							



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current assignment keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JUN 7 8 53 AM '68

The Rating Officer's last fitness report on Mr. Phillips dealt with his terminating an outstandingly successful and very complicated assignment as Chief of Station, [redacted] This report deals with a completely different situation, i.e. coming into Headquarters as Chief, Cuban Operations Group at the time that drastic reduction had just become the order of the day. The same energy, imagination and zeal which has characterized Mr. Phillips over the years has characterized his performance in this difficult task since his assumption of the new responsibility. He has been a prime mover in reducing the Headquarters WH/COG component to realistic and manageable proportions. By the same token he has been a prime mover, guider, cajoler and sometimes "patron saint" to JMWAVE management in its massive job of bringing JMWAVE down from its ponderous proportions to a viable Clandestine Services "instrument" compatible and consistent with the present day needs of Cuban operations. In this endeavor Mr. Phillips' accomplishments have been of the first order.

(See attached sheet)

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
13 MAY 1968	<i>[Signature]</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
32		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
10 May 1968	Deputy Chief, WHD	<i>[Signature]</i> Jacob D. Esterline
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
This is a very fine officer with one of the best potentials in WH Division. I believe the rater is somewhat carried away in his views. Mr. Phillips' career advancement has been closely observed in this Division and I do not believe he is falling behind in the promotion timetable. It is definitely expected he will be recommended next year (which is within the proper time frame,) if his current excellent performance continues.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
20 May 1968	Chief, WH Division	<i>[Signature]</i> William V. Broe

SECRET



SECRET

Fitness Report - David A. Phillips

SECTION C (Continued)

Most important however, and this is one of Mr. Phillips unique qualities, he has been able to bring about this drastic reduction and at the same time instill enthusiasm in his staff for new approaches to the ever more difficult Cuban target. His own infectious enthusiasm and his fine manner with co-workers and subordinates has made this possible. In short the Rating Officer believes he is the right man at the right time for the job he is in.

Mr. Phillips' relations with the Department of State and other agencies where it really counts are outstandingly good. He has in his short time back re-established his fine relationship with the manager of the Voice of America. This relationship will undoubtedly be of inestimable value in getting WH Division's new radio effort through the 303 Committee and into operation.

It is probably obvious to one reading this fitness report that the Rating Officer is well disposed towards Mr. Phillips. This is quite true. It in no way, however, affects the Rating Officer's opinion that Mr. Phillips is a man of considerable talent who for one reason or another has fallen at least one grade behind in the promotion timetable. The Rating Officer, therefore, trusts that this will be corrected in the near future. Mr. Phillips is a gentleman of breadth, drive, imagination and dedication. The Rating Officer considers Mr. Phillips to be one of the very best of the many fine officers he has known in his career in the Clandestine Services. In some ways he is unique in that he knows the business from the ground up, having started in [redacted] (several assignments) and now having moved into the managerial area where he can speak with authority based on valid experience.

SECRET

Reviewed by OP/PD/EAB



S-E-C-R-E-T

TRAINING REPORT

Chiefs of Station Seminar No. 1-70  
80 hours, full time 6 - 17 October 1969

Participant : Phillips, David A. Office : WH  
Year of Birth: 1922 Service Designation: D  
Grade : 16 No. of Students : 8  
EOD Date : Apr '55

COURSE OBJECTIVES, CONTENT AND METHODS

The COS Seminar is aimed to prepare prospective Chiefs and Deputy Chiefs of Station and Chiefs of Base for field assignments. Emphasis was upon the difficulties confronting Chiefs of small or medium-sized installations, since they must handle a peculiarly wide range of problems. Included were case studies serving to remind outgoing chiefs of various operational approaches and techniques, but more time was devoted to policy, coordination, management, reporting, and administrative responsibilities of the Chief of Station, both within CIA and in the government at large, at home and abroad.

The bulk of the course is given in lectures and question periods conducted by officials responsible for the missions, functions, programs, and services discussed. A few key items of suggested reading are included, and bibliographies of suggested reading tailored to the individual's assignment are offered for those who want them.

ACHIEVEMENT RECORD

This is a certificate of attendance. No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:

[Redacted Signature]

OCT 26 1969

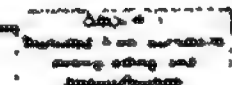
Date

S-E-C-R-E-T

**SECRET**  
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						024345	
<b>SECTION A GENERAL</b>							
1. NAME (Last) <b>Phillips</b> (First) <b>David</b> (Middle) <b>A.</b>		2. DATE OF BIRTH <b>10/31/22</b>		3. SEX <b>M</b>	4. GRADE <b>GS-15</b>	5. SO <b>D</b>	
6. OFFICIAL POSITION TITLE <b>Chief of Station</b>				7. OFF. DIV. OR ASSIGNMENT <b>DDP/WH/7</b>		8. CURRENT STATION <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/>		
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. <b>May 1967</b>				12. REPORTING PERIOD (From- to) <b>1 April 1966 to 31 March 1967</b>			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counselling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Station management.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Direction of the operational program.						O	
SPECIFIC DUTY NO. 3						RATING LETTER	
Liaison with other U. S. agencies.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, proficiency, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Base on your knowledge of employee's overall performance during the rating period. Place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
							O

12 MAY 1967





SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

MAY 8 3 39 PM '67

Mr. Phillips is nearing completion of his tour of duty as Chief of Station, [redacted]. During the past several months he has had the difficult task of reorganizing his Station and redirecting its manpower following a major election operation. His task has been made more difficult by a series of almost weekly political or security crises which not only required intensive intelligence coverage but also frequently involved Station assets.

Mr. Phillips has done remarkably well in this difficult reorganizing process. It has in no way affected the volume or quality of Station reporting which remains very high. His critical analysis and in-depth interpretation of the rapidly changing political scene have been timely and useful.

The Station under his direction has aggressively undertaken the development of new FI and CI assets without losing momentum in existing operations. Also in a relatively short period of time effective security and countersubversion units within the host government internal security apparatus have been established. (Cont'd)

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
20	Subject in the field.	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
5 April 1967	Deputy Chief, WHD	<i>Jacob D. Esterline</i> Jacob D. Esterline
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur with the rating and statements made concerning Mr. Phillips. He is one of the best. He will take over as Chief, Cuban Operations Group this summer and we can expect new impetus in this difficult denied area program. We are carefully observing his promotional progress and are making every effort that he advance in accordance with his excellent capabilities and potential.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
28 April 1967	Chief, WHD	<i>William V. Broe</i> William V. Broe

SECRET



SECRET



Fitness Report -- David A. Phillips

SECTION C - (Cont'd)

His relationships with the Ambassador and with representatives of other agencies are excellent and the high regard they accord him are reflected in the great confidence placed in him and his staff.

The overall management of the Station reflects careful consideration of manpower and money commitments. Mr. Phillips has taken the initiative in effecting savings wherever possible. In short he has turned in an aggressively outstanding performance under the most difficult imaginable conditions during the period under review.

SECRET



**SECRET**  
(When Filled In)

<b>FITNESS REPORT</b>	EMPLOYEE SERIAL NUMBER: <b>024345</b>
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SECTION A					GENERAL			
1. NAME (Last) (First) (Middle) <b>PHILLIPS, David A.</b>			2. DATE OF BIRTH <b>31 Oct 22</b>	3. SEX <b>M</b>	4. GRADE <b>GS-15</b>	5. SD <b>D</b>		
6. OFFICIAL POSITION TITLE <b>Ops Officer/Chief of Station</b>			7. OFF/DIV/BR OF ASSIGNMENT <b>DDP/WH/DR</b>		8. CURRENT STATION			
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT					
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	INITIAL		REASSIGNMENT SUPERVISOR
<input type="checkbox"/>	CAREER-PROVISIONAL (See Instructions - Section C)		<input checked="" type="checkbox"/>	ANNUAL		REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):					
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) <b>1 April 65 - 31 March 66</b>					

SECTION B		PERFORMANCE EVALUATION	
<b>W - Weak</b>		Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.	
<b>A - Adequate</b>		Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.	
<b>P - Proficient</b>		Performance is more than satisfactory. Desired results are being produced in a proficient manner.	
<b>S - Strong</b>		Performance is characterized by exceptional proficiency.	
<b>O - Outstanding</b>		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.	

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1  Direction of Station CA program. <i>DDP</i>	RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 2  Direction of Station FI/CI efforts. <i>DDP</i>	RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 3  Liaison responsibilities with Embassy and other U.S. Government representatives. <i>DDP</i>	RATING LETTER <b>O</b>
SPECIFIC DUTY NO. 4  Managerial responsibilities as Chief of Station.	RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 5  Cost consciousness.	RATING LETTER <b>S</b>
SPECIFIC DUTY NO. 6	RATING LETTER

OVERALL PERFORMANCE IN CURRENT POSITION	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.	RATING LETTER <b>S</b>

16 JUN 1966

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra sheets needed to complete Section C, attach a separate sheet of paper.</p>			
<p>Mr. Phillips brings to this assignment (his first as Chief of Station) a wealth of CA experience gained through many years of operating in the Western Hemisphere and other areas. As a propagandist and general CA operator he must rank high among all Agency personnel. Consequently, it was indeed fortunate that his assignment [redacted] came at a time when a person of his talent was badly needed. Arriving shortly after [redacted] he has had the difficult task of ferreting out information in great detail about an entirely new government, diplomatically handling the delicate coordinations with other U.S. Government agencies in a crisis and highly emotional situation, while administering a rapidly expanding station composed in large degree of young men long on initiative and intelligence but somewhat lacking in depth of experience. At present he is engaged in a fairly large and vastly important election operation which is of concern to the highest authorities of our government.</p>			
<p>(Continued - See attached sheet)</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
9 months	Employee will see report upon his return to Headquarters		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
3 May 1966	Deputy Chief, WHD	<i>Jacob D. Esterline</i> Jacob D. Esterline	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
I heartily endorse the rater's comments. The Santo Domingo Station, under the excellent leadership of Mr. Phillips, recently completed a most successful and significantly important political action operation. It was a well-done Station operation but great credit has to go to Mr. Phillips personally.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
14 June 1966	Chief, WHD	<i>William V. Broe</i> William V. Broe	

SECRET

Fitness Report - David A. Phillips

SECTION C - Continued:

Perhaps the outstanding quality which Mr. Phillips has demonstrated is his ability to "fire up" his people to produce at their maximum capacity. Another outstanding characteristic is his diplomatic manner of dealing with other officials. Of particular note is the fact that Subject's relationship with Ambassador [ ] of the OAS (who, in effect, has been the President's principal representative, [ ] [ ] are closer and more fruitful than the relationship of the Embassy with Ambassador [ ]. This has in no way damaged the close relationship Subject has with the Embassy and other government officials.

Subject had little managerial experience of the scope required by his present position prior to his arrival in [ ] nor had he had much experience in FI matters. He has adapted readily however, and he continued to broaden in these respects with the passage of time.

Cost consciousness is, of course, a relative thing. Mr. Phillips as a CA operator "thinks big." However, it is clear that he weighs heavily costs against anticipated results and expects to get a dollar return for each one spent. Overall Subject can be described as a very able person. His ability to maintain Station morale at a high level while producing at a very gruelling pace under difficult conditions is in itself an outstanding accomplishment. Mr. Phillips has been recommended for an Agency Award.



SECRET  
TRAINING REPORT

Chiefs of Station Seminar No. 3  
60 hours, half days

19 April - 7 May 1965

Participant	: PHILLIPS, David A.	Office	: WH
Year of Birth	: 1922	Service Designation	: D
Grade	: GS-15	No. of Students	: 15
EOD Date	: April 1955		

**COURSE OBJECTIVES, CONTENT AND METHODS**

The COS Seminar aimed to prepare prospective Chiefs and Deputy Chiefs of Station, Chiefs of Base, and senior Chiefs of Support for field assignments. Emphasis was upon the difficulties confronting Chiefs of small or medium-sized installations, since they must handle a peculiarly wide range of problems. Included were case studies serving to remind outgoing chiefs of various operational approaches and techniques, but more time was devoted to policy, coordination, management, reporting, and administrative responsibilities of the Chief of Station, both within CIA and in the government at large, at home and abroad. Special attention was given to counterinsurgency.

The bulk of the course is given in lectures and question periods conducted by officials responsible for the missions, functions, programs, and services discussed, most of them being from within the Agency but several also from outside. A few key items of suggested reading are included, and bibliographies of suggested reading tailored to the individual's assignment are offered for those who want them.

**ACHIEVEMENT RECORD**

This is a certificate of attendance.

Mr. Phillips attended the first half of the seminar being withdrawn at that point due to an operational emergency.

No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:

[Signature Box]  
\_\_\_\_\_  
Acting Chief Instructor

5/13/65  
\_\_\_\_\_  
Date

SECRET



SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report. FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials.

SECTION A. Phillips Period GENERAL 1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. SEX 4. SERVICE DESIGNATION 5. OFFICE, DIVISION, BRANCH, OR ASSIGNMENT 6. OFFICIAL POSITION TITLE 7. GRADE 8. DATE REPORT MADE IN OF 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 10. TYPE OF REPORT (Check one)

SECTION B. CERTIFICATION 1. FOR THE RATER: THIS REPORT [X] HAS [ ] NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN EXPLAIN WHY NOT. 2. CHECK (X) APPROPRIATE STATEMENTS:

3. THIS REPORT REFLECTS MY JOB OPINIONS OF THIS INDIVIDUAL. 4. THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. 5. I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.

6. THIS DATE 19 Sept. 1956 7. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR 8. SUPERVISOR'S OFFICIAL TITLE Chief of Station

9. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

Stamp: RECORDED 12500 241 Date: 10/3/56

BY DATE Posted Pos Control 9/27/56 Reviewed by PUC

10. I certify that any substantial difference of opinion with the supervisor is reflected in the above section. 11. THIS DATE 25 Sept '56 12. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL 13. OFFICIAL TITLE OF REVIEWING OFFICIAL C/MSO

SECTION C. JOB PERFORMANCE EVALUATION 1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- 1 - DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT. 2 - BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. 3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEAKNESS. 4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER. 5 - A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL. 6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

SECRET

(When Filled In)

**2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES**

**DIRECTIONS:**

a. State in the space below up to six of the more important SPECIFIC duties performed during the rating period. Place the most important first. In the case of important duties.

b. Rate performance on each specific duty in terms of effectiveness in performance of this specific duty.

c. For supervisors, ability to supervise will always be rated as a specific duty. Do not rate as supervisors (those who supervise a secretary only).

d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.

e. Two individuals with the same job may be performing different duties. If so, rate them on different duties.

f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	BRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA

g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

**OFFICE OF PERSONNEL**  
**COURTESY DIV**  
SEP 27 3 10 PM '56  
MAIL ROOM

DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
	3 - PERFORMS THIS DUTY ACCEPTABLY	
	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER	
	5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	

SPECIFIC DUTY NO. 1 Supervises KUCAGE projects	RATING NUMBER 4	SPECIFIC DUTY NO. 4 Supervises staff agents	RATING NUMBER 4
SPECIFIC DUTY NO. 2 Develops new KUCAGE programs	RATING NUMBER 4	SPECIFIC DUTY NO. 5 Spots and develops contacts	RATING NUMBER 4
SPECIFIC DUTY NO. 3 Has and uses Area Knowledge	RATING NUMBER 5	SPECIFIC DUTY NO. 6 Prepares progress reports	RATING NUMBER 4

**3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

**DIRECTIONS:** Stress strengths and weaknesses, particularly those which affect development on present job.

This officer has ability, talent, area knowledge, understanding of the people and experience in his field. In the initial six months covered by this report he has adjusted remarkably well to a difficult cover situation with a minimum of station support and guidance.

**SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION**

**DIRECTIONS:** Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

RATING NUMBER <b>6</b>	1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
	2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
	3 - A BARELY ACCEPTABLE EMPLOYEE. BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
	4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
	5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
	6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
	7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION?  YES  NO IF YES, EXPLAIN FULLY.

SECRET



SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the (S) no later than 30 days after the due date indicated in item 8 of Section "F" below.

SECTION E. GENERAL
1. NAME (Last, First, Middle)
2. DATE OF BIRTH
3. SEX
4. SERVICE DESIGNATION
5. OFFICE OR FIELD BRANCH OF ASSIGNMENT
6. OFFICIAL POSITION TITLE
7. GRADE
8. DATE REPORT DUE IN OP
9. PERIOD COVERED BY THIS REPORT (Inclusive dates)
10. TYPE OF REPORT (Check one)

SECTION F. CERTIFICATION
1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGMENT OF THE INDIVIDUAL BEING RATED
A. THIS DATE
B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR
C. SUPERVISOR'S OFFICIAL TITLE
2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.
A. THIS DATE
B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL
C. OFFICIAL TITLE OF REVIEWING OFFICIAL

SECTION G. ESTIMATE OF POTENTIAL
1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES
DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.
5
1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL
DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? [X] Yes [ ] No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.
DESCRIPTIVE RATING NUMBER
0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION
2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION
3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION
ACTUAL POTENTIAL DESCRIPTIVE SITUATION
2 2 A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor)
3 3 A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)
3 3 A GROUP, WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
2 2 WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
2 2 WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
3 3 WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX
OTHER (Specify)

SECRET

(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION  
 Six months

4. COMMENTS CONCERNING POTENTIAL  
 This officer is a natural CONTROLLER in his present assignment. He is qualified for future unofficial or staff assignment in more responsible position.

OFFICE OF PERSONNEL  
 MAY 27 3 18 PM '56  
 OCT 2 10 31 AM '56  
 MAIL ROOM

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL  
 None at present.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

As senior KUDAGE officer, better knowledge of Station procedures and practices would be helpful.

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

- X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL.
- CATEGORY NUMBER
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
  - 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
  - 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
  - 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
  - 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	5	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	5	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	5	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	4	13. ACCEPTS RESPONSIBILITIES	4	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
5	5. SEARCHES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	5	25. DISPLAYS JUDGEMENT
4	6. ASKS WHEN TO SEEK ASSISTANCE	4	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
5	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	4	28. HIS CRITICISM IS CONSTRUCTIVE
4	9. GETS THINGS DONE	4	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
4	10. CAN COPE WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	1	30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

SECRET



SECRET

(When Filled In)

### FITNESS REPORT

The Fitness Report is an important factor in agency personnel management. It seeks to provide:

1. The agency selection board with information of value when considering the application of an individual for membership in the career service; and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

#### INSTRUCTIONS

**TO THE ADMINISTRATIVE OR PERSONNEL OFFICER:** Consult current administrative instructions regarding the initiation and transmittal of this report.

**TO THE SUPERVISOR:** Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that, throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows where he stands.

*Y. C. Lee Date 1 Jan 57*

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

#### SECTION I (To be filled in by Administrative Officer)

1. NAME (Last) <b>PHILLIPS,</b>	(First) <b>David</b>	(Middle) <b>A.</b>	2. DATE OF BIRTH <b>Oct '22</b>	3. SEX <b>M</b>	4. CAREER DESIGNATION <b>IP</b>
5. DATE OF ENTRANCE ON DUTY <b>1 April 1955</b>	6. OFFICE ASSIGNED TO <b>FP</b>	7. DIVISION <b>Information Coordination</b>		8. BRANCH	
9. NATURE OF ASSIGNMENT <input checked="" type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> FIELD		10. IF FIELD, SPECIFY STATION:		11. GRADE <b>GS-14</b>	
12. DATE THAT THIS REPORT IS DUE <b>1 January 1956</b>		13. PERIOD COVERED BY THIS REPORT (Inclusive dates) <b>1 April 1955 - 1 January 1956 (Initial)</b>			

#### SECTION II (To be filled in by Supervisor)

1. CURRENT POSITION <b>Ops. Off. (PW) Radio &amp; Television Officer, FP/ICD 0136-31</b>	2. DATE ASSUMED RESPONSIBILITY FOR POSITION <b>1 April 1955</b>
------------------------------------------------------------------------------------------	-----------------------------------------------------------------

3. WHAT SPECIFIC ASSIGNMENTS OR TASKS ARE TYPICAL OF THOSE GIVEN TO HIM DURING THE PAST THREE TO SIX MONTHS (List in order of frequency):

Advising and assisting operating divisions in development, effective management and supervision of radio broadcasting facilities.

Maintaining liaison with Department of State and USIA on radio matters.

Collaboration with the Office of Communications in development of unconventional techniques for broadcasting and jamming evasion.

Preparation of staff study on proposed use of the television medium.

Reported For Control BY *[Signature]* DATE 18 JAN 1956

READ THE ENTIRE FORM BEFORE ATTEMPTING TO COMPLETE ANY ITEM

#### SECTION III

I certify that, during the latter half of the period covered by this report, I have discussed with the rated individual the manner in which he has performed his job and provided suggestions and criticisms wherever needed. I believe that his understanding of my evaluation of his performance is consistent with my evaluation of him as evidenced by this fitness report and I have informed him of his strengths, weaknesses, and on-the-job effectiveness. If performance during the report period has been unsatisfactory, there is attached a copy of the memorandum notifying him of unsatisfactory performance.

This report  has  has not been shown to the individual rated.

THIS DATE <b>6 January 1956</b>	NAME AND SIGNATURE OF RATER (Employee's immediate supervisor) <b>John G. Shaffer, Chief, FP/ICD</b>
---------------------------------	-----------------------------------------------------------------------------------------------------

I HAVE REVIEWED THIS REPORT (Comments, if any, are reflected by attached memorandum)	NAME AND SIGNATURE OF REVIEWING OFFICIAL (Official next higher in line of authority)
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

THIS DATE <b>18 Jan '56</b>	NAME AND SIGNATURE OF REVIEWING OFFICIAL
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**SECRET**  
(When Filled In)

**SECTION IV**

This section is provided as an aid in describing the individual. Your description is not satisfactory in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words should be interpreted literally.

On the left hand side of the page below are a series of statements that apply in some degree to most people. On the right hand side of the page are four major categories of descriptions. The scale is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. For each statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you have the definite opinion that the description is not at all suited to the individual.

OFFICE OF PERSONNEL  
JAN 15 2 15 PM '56  
MAIL ROOM

STATEMENTS	NOT OR-SERVED	CATEGORIES				
		DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.			X			
B. PRACTICAL.					X	
1. A GOOD REPORTER OF EVENTS.				X		
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.					X	
3. CAUTIOUS IN ACTION.				X		
4. HAS INITIATIVE.					X	
5. UNEMOTIONAL.	X					
6. ANALYTIC IN HIS THINKING.					X	
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.						X
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.						X
9. HAS SENSE OF HUMOR.					X	
10. KNOWS WHEN TO SEEK ASSISTANCE.				X		
11. CALM.				X		
12. CAN GET ALONG WITH PEOPLE.						X
13. MEMORY FOR FACTS.				X		
14. GETS THINGS DONE.					X	
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.				X		
16. CAN COPE WITH EMERGENCIES.					X	
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.				X		
18. HAS STAMINA. CAN KEEP GOING A LONG TIME.						X
19. HAS WIDE RANGE OF INFORMATION					X	
20. SHOWS ORIGINALITY.				X		
21. ACCEPTS RESPONSIBILITIES.					X	
22. ADMITS HIS ERRORS.	X					
23. RESPONDS WELL TO SUPERVISION					X	
24. EVEN DISPOSITION.						X
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT.					X	







SECRET  
(When Filled In)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS:  
**Strengths indicated above easily outweigh the few characteristics of which the subject is average.** *OFFICE OF THE CHIEF OF POLICE*

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION?  NO  YES. IF YES, *JAN 16 3 47 PM '56*

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?  
**Operations Familiarization course.** *MAIL ROOM*

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):  
**None**

SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, & D

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

- 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
- 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.
- 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
- 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.
- 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
- 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA?  NO  YES. IF YES, WHAT?

**Better qualified for field assignment in WA area only because such assignment can utilize his language and area experience in addition to utilizing the characteristics that have made him a successful staff officer.**

C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the agency.

- 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE AGENCY... WILL DEFINITELY LEAVE THE AGENCY AT THE FIRST OPPORTUNITY.
- 2. HAS STRONG NEGATIVE ATTITUDE TOWARD AGENCY... IRRATED BY RESTRICTIONS... REGARDS AGENCY AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
- 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE AGENCY... BOTHERED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.
- 4. HIS ATTITUDE TOWARD THE AGENCY IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
- 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD AGENCY... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR AGENCY... THINKS IN TERMS OF A CAREER IN THE AGENCY.
- 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE AGENCY... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE AGENCY.
- 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE AGENCY... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE AGENCY.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.

- 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
- 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
- 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
- 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating... skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

- 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.
- 2. OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.
- 3. A BARELY ACCEPTABLE EMPLOYEE... DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.
- 4. A TYPICAL EMPLOYEE... HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE AGENCY.
- 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.
- 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE AGENCY.
- 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE AGENCY.

MEMORANDUM FOR:

PPC/100

ATTENTION : Training Officer

SUBJECT : Attendance at PPS In-Service-Training Series  
10 January to 20 March 1956

REFERENCE : Memorandum for Chiefs, Senior Staffs and Area  
Divisions, and Chief, 10 Division from GPP,  
subject: "Seminar on Preparation and Processing  
of PPS Projects" dated 19 December 1955.

*Check*  
*04*  
*415-5*  
*Feb. 56*

1. **David Phillips** attended the lectures in the subject series which were conducted from 10 Jan to 20 March, 1956. During this period, instruction in "Preparation and Processing of PPS Projects" was given as follows:

- a. INTRODUCTION
- b. PROJECT DOCUMENTATION  
Sub-projects, explanation of items in project outline format.
- c. PROJECT REVIEW AND EVALUATION  
Steps case officers should take in determining extent of coordination of projects. Importance of discussion with Senior Staff in draft stage.
- d. PROJECT APPROVAL SYSTEM
- e. PROJECT MEETING
- f. PROJECT AND COLLECTION
- g. PROJECT FILES

2. Case officers are required to study the following references, in order to attend the lectures:

- 1. PPS PROJECTS
- 2. MEMORANDUM FOR CHIEFS, SENIOR STAFFS AND AREA DIVISIONS, AND CHIEF, 10 DIVISION FROM GPP, SUBJECT: "COMMISSION OF PROJECTS TO THE PROJECT REVIEW COMMITTEE", dated 1 April 1955
- 3. MEMORANDUM FOR CHIEFS, SENIOR STAFFS AND AREA DIVISIONS, AND CHIEF, 10 DIVISION FROM GPP, SUBJECT: "PROJECTS FOR APPROVAL", dated 19 December 1955

Approved:

(3) OSI 230-72 THE CLASSIFIED SERVICES REPORTING SYSTEM - AREA DIVISIONS, CHAPTER 11. THE NATURE OF THE REPORTING SYSTEM, dated 8 June 1955.

b. RECOMMENDATIONS

- (1) H 230-100 REPORTING ACTIVITIES - AREA DIVISIONS, dated 1 March 1955.
- (2) H 230-101 REPORTING SYSTEM - SUMMARY, dated 1 March 1955.
- (3) H 230-102 SUMMARY OF THE REPORTING SYSTEM TO THE AREA DIVISIONS, dated 1 April 1955.
- (4) OSI 230-103 THE CLASSIFIED SERVICES REPORTING SYSTEM - SUMMARY, dated 1 March 1955.
- (5) OSI 230-104 CLASSIFIED SERVICES REPORTING SYSTEM - SUMMARY, dated 1 March 1955.
- (6) OSI 230-105 OPERATIONAL PROCEDURES FOR REPORTING, dated 7 December 1955.

The information is provided to you in appropriate format and in accordance with the policy stated in paragraph 1, above.

Very truly yours,

OSI

Director, Office of Security Investigations

Washington, D.C.

✓



SECRET

TRAINING EVALUATION

READING IMPROVEMENT COURSE # 26

SECTION I: IDENTIFYING INFORMATION

Name	Sex	Dates of Course	No. of Students
Phillips, David A.	M	24 October-9 December 1955	23
Date of Birth	EOD Date	Grade or Rank	Office
31 October 1922	1 April 1955	GS-14	ICD/PP
Projected assignment or Present Position			
PT Officer			

SECTION II: OBJECTIVES OF THE COURSE

The Reading Improvement Course is designed to increase the reading efficiency of agency employees by developing their speed and level of comprehension through (1) extending the range of reading techniques, (2) adjusting rate of reading to comprehension requirements and (3) improving perceptual habits.

SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE

The course consists of 30 class hours, one hour a day, 5 days a week. 9 hours are devoted to lectures and practice exercises, 12 hours to paced reading practice and 9 hours to specific perception techniques.

Each student's reading skills are analyzed at the beginning of the course and the student then concentrates on the development of those skills in which he is deficient or those which are most frequently demanded by the nature of his office reading.

SECTION IV: METHOD OF EVALUATION

Student achievement is measured by an initial and final test battery and class exercises. Two sets of norms have been developed on the test battery. Group I represents the scores of 400 agency employees, 84% of whom had four or more years of college. Group II represents the scores of 94 Agency employees with two years or less of college training. Section V contains a description of the tests and exercises. Section VI indicates the student's skill level and Section VII includes the student's over-all achievement and the instructor's comments.

SECRET

SECRET

Phillips

SECTION V: TEST DESCRIPTION

- 1. **READING COMPREHENSION TESTS:** Measure speed and accuracy of basic comprehension skills. Complete and objective understanding, analysis, and interpretation are required in these tests.
- 2. **EXTENSIVE (informational) READING TESTS:** Measure the degree of proficiency in the application of extensive reading skills to acquire broader frames of reference.
- 3. **INTENSIVE (technical) READING TESTS:** Measure the ability to acquire the basic knowledge of a new subject.
- 4. **SCANNING TESTS:** Measure efficiency in the application of scanning skills for the selection of information, for identification of the main idea, and for organization.

SECTION VI: REPORT OF SKILL LEVEL

This student is being compared with the following norm group:  
 Group I - Four or more years of college  
 Group II - Two or less years of college

	Fail	Poor	Sat.	Exc.	Sup.
Basic Comprehension Skills					
Extensive Techniques					
Intensive Techniques					
Scanning Techniques					

SECTION VII: OVER-ALL ACHIEVEMENT

In consideration of all factors observed during the course and taking into account this student's experience, profession, age and education, an "X" in one of the boxes shows the student's over-all achievement in the course.

FAIL POOR MINUS SATISFACTORY PLUS EXCELLENT SUPERIOR

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Inade-Barely quate adequate in per-in per- form- formance. ance Deron- strated ability only in a limited range of skills	Performed acceptably but barely adequate in some skills	A typically effective student who performed in a competent manner.	Performed at a high level of competence	Performed at an ex- tra-ly high level that only a few students have surpassed.
--------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------	-----------------------------------------------------------------------------------	--------------------------------------------------	--------------------------------------------------------------------------------------------------------

COMMENTS:

Incomplete - 5 hours Overseas assignment

FOR THE DIRECTOR OF TRAINING:

SECRET

Chief Instructor



**DESIGNATION OF BENEFICIARY  
FEDERAL EMPLOYEES GROUP LIFE  
INSURANCE PROGRAM**

**IMPORTANT**  
Read instructions  
on back of duplicate  
before filling in this form

**INFORMATION CONCERNING THE INSURED:**

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)  
Phillips, David A.

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE.

AN EMPLOYEE  RETIRED OR AN APPLICANT FOR RETIREMENT  RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION GIVE YOUR "CSA," "CSL" "A," or "X" NUMBER

(CSA, CSL A, or X number)

DEPARTMENT OR AGENCY IN WHICH PRESENTLY EMPLOYED (If retired, former department or agency):

Central Intelligence Agency

Langley, Va.

(Department or agency)

(Bureau)

(Division)

(Location—City, State, and ZIP Code)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (SEE EXAMPLES OF DESIGNATIONS):**

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
VIRGINIA S. PHILLIPS FOR DISTRIBUTION ACCORDING TO MY WILL. <u>AL</u>	8124 FORT TRAIL DR. BETHESDA, MD. 20034	WIFE	All

For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change this Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

(Date of execution—month, day, year)

(Signature of insured)

**WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):**

Gladys S. Neerke 1218 Crown St. Alex. Va. 22314  
(Signature of witness) (Number and street) (City, State, and ZIP Code)  
Nancy B. Johnson 401 7th St. N. Va. 22180  
(Signature of witness) (Number and street) (City, State, and ZIP Code)

PRINT OR TYPE NAME AND ADDRESS (including ZIP Code) OF INSURED

THIS SPACE RESERVED FOR RECEIVING AGENCY

PERSONNEL  
OFFICE OF  
MAY 6 4 28 PM '75  
BRANCH  
PERSONAL AFFAIRS

(Indicate date and by whom received)



ADMINISTRATIVE  
Internal Use Only

S/E  
FILE  
PUNCHED  
BY

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
024345	PHILLIPS	DAVID	A

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
11	03	74	11	15	74	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	2		EUR	801

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
-----------------------------	----------------------

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE 2/14/75	SIGNATURE
<input checked="" type="checkbox"/> C & L DIVISION, CTBB.		
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

ADMINISTRATIVE  
Internal Use Only

REPORT OF SERVICE ABROAD

FILE  
PUNCHED  
BY: *[Signature]*

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
024345	(Print) Phillips	7-24	

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION. REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI WD. 58 954 502.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-23	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION			

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
1-3	1-3	74	1-2	1-5	74	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	2	29 AREA	511

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. \_\_\_\_\_ DOCUMENT DATE/PERIOD *13-15 Dec 74*

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED BASED UPON SOURCE DOCUMENT
DCO	DATE <i>6-FEB-75</i>	SIGNATURE
<input checked="" type="checkbox"/> C & L DIVISION, CTBR.		
<input type="checkbox"/> C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**FILE COPY OF STANDARD FORM 56**  
**"AGENCY CERTIFICATION OF INSURANCE STATUS—**  
**FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM"**

**on file with the Retirement Operations Branch,**

**Office of Personnel (x3257).**



**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1**

**FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach.

**2**

**FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
Phillips	David	Atles	October 31 1922	
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

HAVE YOU EVER BEFORE FILED AN "ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE"?  YES  NO  
If "YES," your last such form remains in effect and you should not file this new form unless you want to change the old one. (See instructions for Employees on page 4) *Yes, to the best of my memory, but I cannot remember positively.*

**3**

**MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here if you **WANT BOTH** optional and regular insurance

(A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you **DO NOT WANT** OPTIONAL but do want regular insurance

(B)

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here if you **WANT NEITHER** regular nor optional insurance

(C)

**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4**

**DATE AND SIGN. RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)  
*David Phillips*

DATE  
20 March 1970

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

Received March 20, 1970

Personnel Officer

See Table of Effective Dates on back of Original

**ORIGINAL COPY—Retain in Official Personnel Folder**

STANDARD FORM No. 178  
MAY 1962 EDITION  
FPM Supplement 870-1  
170-102

SECRET

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1**

**FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in **BOTH COPIES** of the form. Type or use ink.
- Do not detach any part.

**2**

**FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
Phillips	David	Atlee	31 Oct 1922	
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

**3**

**MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here if you **WANT BOTH** optional and regular insurance  (A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you **DO NOT WANT** OPTIONAL but do want regular insurance  (B)

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here if you **WANT NEITHER** regular nor optional insurance  (C)

**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4**

**SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

*David Atlee Phillips*

DATE

13 February 1968

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

OFFICE OF PERSONNEL  
FEB 19 2 31 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-2  
JANUARY 1968  
(For use only until April 14, 1968)  
176-101



DDF

REPORT OF HONOR AND MERIT AWARDS BOARD				DATE	11 March 1975
The Honor and Merit Awards Board having considered a recommendation that:					
SERIAL OR ID NO.	NAME (Last-First-Middle)	BIRTHYEAR	SEX	TYPE EMPLOYEE	
024345	PHILLIPS, David A.	1922	M	Staff	
OFFICE OF ASSIGNMENT	SO	SCHEDULE	GRADE	STATION	
DDO/LA	D	GS	18		
BE AWARDED					
Distinguished Intelligence Medal					
<input type="checkbox"/> FOR HEROIC ACTION ON					
<input checked="" type="checkbox"/> FOR MERITORIOUS SERVICE OR ACHIEVEMENT DURING THE PERIOD 1953 - Present					
<input checked="" type="checkbox"/> RECOMMENDS APPROVAL <input type="checkbox"/> DOES NOT RECOMMEND APPROVAL					
<input type="checkbox"/> RECOMMENDS AWARD OF					
UNCLASSIFIED CITATION					
<p>Mr. David A. Phillips is hereby awarded the Distinguished Intelligence Medal in recognition of his outstanding service to the Central Intelligence Agency for more than 22 years. Throughout his career Mr. Phillips has held a series of highly important positions in Headquarters and overseas, including four assignments as Chief of Station. In each instance his superior accomplishments were marked by his broad area knowledge, initiative, drive and imagination. His most recent assignment as Chief of a major division is further evidence of his exceptional capability. Mr. Phillips' efforts during his career constitute a major contribution to the mission of the Agency, reflecting great credit on him and the Federal service.</p>					
REMARKS					
(Recommendation approved by DD/O on 5 March 1975)					
APPROVED			SIGNATURE		
<i>H. Vernon A. Walters</i> DEPUTY DIRECTOR OF CENTRAL INTELLIGENCE 5 MAR 1975 DATE			<i>(Signature)</i> TYPED NAME OF CHAIRMAN, HONOR AND MERIT AWARDS BOARD F. W. M. Janney SIGNATURE TYPED NAME OF RECORDER R. L. Austin, Jr.		



SECRET  
CLASSIFICATION

OPF

RECOMMENDATION FOR HONOR OR MERIT AWARD (Submit in triplicate - see HR 30-37)			
<b>SECTION A</b>			
1. EMPLOYEE NO. <b>024345</b>	2. NAME OF PERSON RECOMMENDED (Last, First, Middle) <b>Phillips, David A.</b>		3. POSITION TITLE <b>Division Chief</b>
4. GRADE <b>GS-18</b>	5. SD <b>D</b>	6. OFFICE OF ASSIGNMENT <b>DDO/LA</b>	7. RECOMMENDED AWARD <b>Distinguished Intelligence Medal</b>
8. INCLUSIVE DATES FOR WHICH RECOMMENDED <b>1953 - May 1975</b>		9. IF RETIRING, DATE OF RETIREMENT <b>9 May 1975</b>	10. POSTHUMOUS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
11. HOME ADDRESS <b>8224 Stone Trail Drive Bethesda, Maryland</b>			12. HOME PHONE <b>365-0527</b>
<b>SECTION B</b>			
LIST ANY PERSONNEL GIVEN AN AWARD OR RECOMMENDED FOR AWARD WHO ASSISTED IN THE ACT OR PARTICIPATED IN THE PERFORMANCE.			
13. FULL NAME		14. TYPE OF AWARD	
<b>SECTION C</b>			
ATTACH NARRATIVE DESCRIPTION OF PERFORMANCE OR SERVICE WARRANTING AWARD, ANY SUPPORTING DOCUMENTS AND A PROPOSED, UNCLASSIFIED CITATION.			
<b>SECTION D</b>			
15. TITLE AND SIGNATURE OF EMPLOYEE MAKING RECOMMENDATION <b>William E. Nelson Deputy Director for Operations</b>			DATE
16. HEAD OF <u>D</u> CAREER SERVICE (Career service of nominee)			TITLE AND SIGNATURE <b>See Item #18</b>
17. DEPUTY DIRECTOR OF CAREER SERVICE			TITLE AND SIGNATURE <b>See Item #18</b>
18. DEPUTY DIRECTOR OF OPERATING COMPONENT			TITLE AND SIGNATURE <b>Deputy Director for Operations</b>

SECRET

OPF

Mr. David A. Phillips is retiring after a distinguished career with the Agency. He has been an employee of the Agency since 1951 when he initially joined as a Contract employee. He served with distinction in [redacted] Mexico City, [redacted] and [redacted]. His excellent command of [redacted] has enhanced each of his assignments in Latin America. A true DDOer, fifteen years of this glorious and active career were spent overseas. His outstanding dedication and devotion to the cause of freedom won for him in 1956, the Intelligence Medal of Merit. His file is replete with letters of commendation and appreciation from the DCI, DDCI, the former [redacted] Ambassadors, and military commanders, all of whom recognized the uniqueness of his outstanding service. Mr. Phillips has been highly effective as a senior member of the Latin American Division which has been under his immediate command since 1973. An excerpt from a late fitness report nicely characterizes the caliber of his work. "It is as a senior operations officer that Mr. Phillips has had the greatest experience, and it is not surprising that he has made an excellent input into the improvement of operational matters throughout the many areas of this hemisphere for which he is responsible." Mr. Phillips will be remembered for his initiative, drive and imagination, and for the excellence of his representational responsibilities which in large part is attributable to his native charm, area knowledgeability and superb language skills. He will be remembered for his intent capability and desire to fulfill the needs of the Organization. It is fitting and proper that upon his retirement, Mr. Phillips be recognized with the award of the Distinguished Intelligence Medal.

SECRET

CONFIDENTIAL

Daniel A. Phillips

5 JUN 1974

Dear Dave,

You have just finished an important albeit grueling GS-16 Evaluation Exercise at my direction. The recommendations for promotion and executive development you gave me were a major factor in my recommendations to the Director for the upward movement of officers who will be the top management cadre of the Directorate in the near future.

I believe you will find that the last several weeks will have sharpened your focus on one of our most important management responsibilities, our personnel. Many thanks for a job well done.

*Bill*

William E. Nelson  
Deputy Director for Operations

E2 IMPDET CL BY 056788

CONFIDENTIAL



**SECRET**  
(When Filled In)

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

**FILE  
PUNCHED  
BY**

SERIAL NO. 1-6	NAME		
	LAST (Print)	FIRST 7-24	MIDDLE
024345	Philkips	DAVID	

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 86, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION				

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
1	1	73	1	26	73	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	2		WESTERN Hemisphere	811

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

E. IMPDET CL BY [Signature]

**SOURCE DOCUMENT AND CERTIFICATION**

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. LHM BTO 1/74	DOCUMENT DATE/PERIOD 11/1 - 12/4/73
---------------------------------------------	----------------------------------------

REMARKS

PREPARED BY DCO	<input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION, CTDR.	DATE 1/23/74	
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

**SECRET**  
(When Filled In)

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

**FILE**  
**PUNCHED**  
**BY** *[Signature]*

**SERIAL NO.** **NAME**

**LAST** **FIRST**  
*024345* *(Prime) Phillips* *David*

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION				

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
11	29	73	12	04	73	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	2		WESTERN Hemisphere	811

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

*[Stamp]*

**SOURCE DOCUMENT AND CERTIFICATION**

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

**DOCUMENT IDENTIFICATION NO.** *WH BTO #1/74* **DOCUMENT DATE/PERIOD.** *11/11 - 12/4/73*

**REMARKS**

<b>PREPARED BY</b>	<input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT	<b>ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED</b>
<b>DCO</b>	<b>DATE</b> <i>1/23/74</i>	
<input checked="" type="checkbox"/> C & L DIVISION, CTR.		
<input type="checkbox"/> C & T DIVISION		

**THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER**

SECRET  
(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

FILE  
INDEXED  
1/11/74

SERIAL NO. 1-6	NAME		
	LAST	FIRST	MIDDLE
024345	(Print) PHILLIPS	7-24 DAVID	A.

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		COUNTRY CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE	38 39	
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39	40-42

FILE  
INDEXED  
BY M/W

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE	38 39		
02	11	74	03	09	74	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	2	38 39	South America	40-42 811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

2 IMPDET CL BY [Signature]

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. WH 1-74      DOCUMENT DATE/PERIOD 11 Feb - 9 March 74

REMARKS

PREPARED BY DCO	<input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
<input checked="" type="checkbox"/> C & L DIVISION, CTBR. <input type="checkbox"/> C & T DIVISION	DATE 1 May 74	

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



SECRET  
(When Filled In)

INDEXED  
BY

REPORT OF SERVICE APPROVAL

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
027345	PHILLIPS	DAVID	A

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 98, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42
			06	29	72		1			090

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input type="checkbox"/> TRAVEL VOUCHER	<input checked="" type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. 641685      DOCUMENT DATE/PERIOD 27 Sept 1972

REMARKS

PREPARED BY DCO	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION, CTWR	DATE 5 SEPT 72	SIGNATURE
<input checked="" type="checkbox"/> C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET  
(When Filled In)

### SERVICE ABROAD AGREEMENT

#### I. GENERAL

IT IS UNDERSTOOD THAT YOU AGREE TO SERVE THE PERIOD OF SERVICE ABROAD PRESCRIBED IN SECTION II BELOW AND THAT THE GOVERNMENT IS OBLIGATED TO RETURN YOU, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS UPON THE SATISFACTORY COMPLETION OF THIS PERIOD. YOUR ALLOWABLE EXPENSES WILL BE DETERMINED IN ACCORDANCE WITH AGENCY REGULATIONS.

IF YOU TERMINATE YOUR PERMANENT ASSIGNMENT OUTSIDE THE CONTINENTAL UNITED STATES BEFORE YOU COMPLETE 12 MONTHS OF CREDITABLE SERVICE FOLLOWING THE DATE OF YOUR ARRIVAL ABROAD, YOU WILL BE REQUIRED TO REIMBURSE THE GOVERNMENT FOR ALL EXPENSES IT INCURS IN THE TRAVEL AND TRANSPORTATION OF YOU, YOUR DEPENDENTS, YOUR HOUSEHOLD AND PERSONAL EFFECTS TO YOUR POST. IF YOU FAIL TO COMPLETE YOUR PRESCRIBED TOUR OF DUTY ABROAD YOU WILL NOT BE ENTITLED TO THE RETURN TRAVEL AND TRANSPORTATION OF YOURSELF, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS TO THE UNITED STATES. IF, HOWEVER, AGENCY OFFICIALS DETERMINE THAT YOUR EARLY DEPARTURE IS NECESSARY FOR OFFICIAL REASONS, OR FOR PERSONAL REASONS OF SIGNIFICANT INTEREST TO THE GOVERNMENT, THEY MAY WAIVE THE REIMBURSEMENT OF EXPENSES ALREADY INCURRED, OR AUTHORIZE YOUR RETURN TRAVEL AND TRANSPORTATION, WHICHEVER IS APPLICABLE.

IF ELIGIBLE UNDER THE TERMS OF HR 20-30, YOU WILL BE GRANTED HOME LEAVE AS SOON AS IT CAN BE ARRANGED AT GOVERNMENT CONVENIENCE AFTER COMPLETION OF YOUR PRESCRIBED TOUR OF DUTY, PROVIDED YOU HAVE SERVED AT LEAST 18 MONTHS OF CONTINUOUS CREDITABLE SERVICE OUTSIDE THE UNITED STATES. HOME LEAVE AND HOME LEAVE TRAVEL ARE CONTINGENT UPON YOUR WILLINGNESS TO RETURN, AND CONTEMPLATION BY AGENCY OFFICIALS THAT YOU WILL RETURN TO SERVICE OUTSIDE THE UNITED STATES IMMEDIATELY AFTER HOME LEAVE OR UPON COMPLETION OF AN ASSIGNMENT IN THE UNITED STATES.

YOU ARE ADVISED THAT ANY MONIES DUE YOU FROM THE GOVERNMENT MAY BE APPLIED IN LIQUIDATION OF ANY INDEBTEDNESS ARISING FROM VIOLATION OF THIS AGREEMENT. YOU WILL BE AFFORDED ALL NORMAL RECOURSE IN APPEALING DECISIONS MADE PURSUANT TO THIS AGREEMENT.

NAME OF EMPLOYEE **David A. Phillips** SD **D**

#### II. TOUR OF DUTY ABROAD

1. NAME OF POST OF ASSIGNMENT		[REDACTED]	
2. PERIOD OF SERVICE ABROAD AS PRESCRIBED IN A, B, OR C BELOW			
A. STANDARD TOUR OF DUTY OF 24 MONTHS <input checked="" type="checkbox"/>		C. NONSTANDARD TOUR OF DUTY OF _____ MONTHS FOR THIS TOUR ONLY FOR THE EMPLOYEE SIGNING THIS AGREEMENT. (See HR 20-18)	
[REDACTED]		REQUESTED (Memo attached)	
		OPERATING OFFICIAL	
B. NONSTANDARD TOUR OF DUTY OF _____ MONTHS PREVIOUSLY APPROVED PER HR 20-18.		CONCUR	
OPERATING OFFICIAL [REDACTED] <b>C/WH/Pers</b>		CAREER SERVICE	
		DEPUTY DIRECTOR	
		APPROVED	
		DIRECTOR OF PERSONNEL	

#### III. PERMANENT PLACE OF RESIDENCE

3. YOUR "PERMANENT PLACE OF RESIDENCE" IS A PLACE TO WHICH ALLOWABLE TRAVEL AND TRANSPORTATION EXPENSES MAY BE AUTHORIZED IN CERTAIN CIRCUMSTANCES PURSUANT TO HR 22. ITS DESIGNATION WILL BE KEPT IN YOUR OFFICIAL PERSONNEL FOLDER.

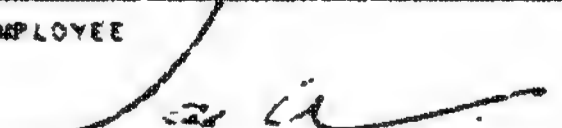
4. IN REQUESTING YOUR PERMANENT PLACE OF RESIDENCE IN ITEM 5 ON THE REVERSE SIDE OF THIS FORM (EXCEPT WHERE IN HR 22-3) NORMALLY INDICATE THE PLACE WHERE YOU PHYSICALLY DWELLED IN THE UNITED STATES, ITS POSSESSIONS OR THE COMMONWEALTH OF PUERTO RICO AT THE TIME OF YOUR PCS TRANSFER TO A POST ABROAD. YOU MAY REQUEST IN ITEM 5 THE DESIGNATION OF ANOTHER PLACE AS YOUR PERMANENT PLACE OF RESIDENCE IF YOU CAN ESTABLISH THAT YOUR PHYSICAL DWELLING PLACE IS (OF WA) TRANSITORY AND THAT SUCH OTHER PLACE IS YOUR DOMICILE OR HAS PREVIOUSLY BEEN USED BY YOU AS A PHYSICAL DWELLING. INFORMATION THAT CAN BE PRESENTED IN AN ATTACHED STATEMENT AS EVIDENCE INCLUDES BUT IS NOT LIMITED TO, STATE VOTING REGISTRATION, PROPERTY OWNERSHIP AND PLACE WHERE INCOME OR PERSONAL PROPERTY TAXES HAVE BEEN PAID.

CLASSIFIED BY [Signature]  
ON [Date]  
[REDACTED]

WARNING NOTICE  
THIS IS THE INFORMATION SOURCE FOR THE  
[REDACTED] AND METHOD OF [REDACTED]  
SECRET



SECRET  
(When Filled In)

5. PHYSICAL Dwellings PLACE (Permanent Place of Residence unless address in item 6 is approved in lieu thereof) FULL ADDRESS 8294 Stone Trail Drive Bowie, Md.		6. OTHER PLACE REQUESTED (Requested Permanent Place of Residence if different from item 5) FULL ADDRESS	
		CONCUR	
DEPUTY DIRECTOR		DATE	
APPROVED		APPROVED	
DEPUTY DIRECTOR		DIRECTOR OF PERSONNEL	
DATE		DATE	
7 Aug 1972			
IV. HOME LEAVE POINT			
7. AMONG THE PLACES YOU MAY REQUEST AS A HOME LEAVE POINT ARE: YOUR PERMANENT PLACE OF RESIDENCE SHOWN ABOVE, HEADQUARTERS AREA, AND WHERE YOUR CHILDREN, PARENTS, PARENTS-IN-LAW, BROTHERS, SISTERS, BROTHERS-IN-LAW, OR SISTERS-IN-LAW RESIDE.			
8. YOU MAY REQUEST FOR APPROVAL SOME OTHER POINT SUBJECT TO THE PROVISIONS OF MR 20-308(3)(C). THE REQUEST MUST BE ACCOMPANIED BY A MEMORANDUM EXPLAINING THE CIRCUMSTANCES.			
9. DESIGNATION PER ITEM 7 ABOVE FULL ADDRESS SAME AS 5 ABOVE		10. DESIGNATION PER ITEM 8 ABOVE. FULL ADDRESS	
RELATIONSHIP OF RELATIVE AT HOME LEAVE POINT None		CONCUR	
DEPUTY DIRECTOR		DATE	
APPROVED		APPROVED	
DEPUTY DIRECTOR		DIRECTOR OF PERSONNEL	
DATE		DATE	
7 Aug 1972			
EMPLOYEE CERTIFICATION			
I have read and understand my service obligations and travel entitlements as described in this agreement.			
SIGNATURE OF EMPLOYEE		DATE	
		7/28/72	

SECRET



**SECRET**  
(When Filled In)

**REPORT OF SERVICE ABROAD**

**FILE**  
**PUNCHED**  
**BY**

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO. 1-8	NAME		
	LAST	FIRST	MIDDLE
024345	(Print) Phillips	David	A

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 88.-REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR			CODE	37
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39
2	7	10	7	1			3		
									070

**TOY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR			CODE	37
25-26	27-28	29-30	31-32	33-34	35-36	2 - TOY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38	39
									40-42

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. 14177	DOCUMENT DATE/PERIOD 13 July 1971
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REMARKS: Correction - LATRAB

PREPARED BY BCO	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION, C-88	DATE 7/19/71	SIG
C & Y DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET  
(When Filled In)

REPORT OF SERVICE ABROAD

FILE  
PUNCHED  
Status Section

TO: Office of Personnel, Transactions and Records Branch

SERIAL NO. 1-6	NAME		
	LAST (Print)	FIRST 7-24	MIDDLE
024345	Phillips	Lured	A

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 52, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42
01	11	70	07	09	71		/			090

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. 13572	DOCUMENT DATE/PERIOD 7 July 1971
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REMARKS  
NO Record - date claimed - Internal

PREPARED BY	REPORT ANNOTATED BY CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE 7/15/71	SIGNATURE
C & L DIVISION, CTDR.		
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

TO: Chief, WHD	RECEIVED
FROM: Chief of Station, [redacted]	CLASSIFIED

SUBJECT: General - Administrative  
 Specific - Performance of TDY Personnel During Recent [redacted] Crisis

ACTION REQUIRED - [redacted]

1. As Headquarters is well aware, a constant flow of TDY personnel was provided the Station by Headquarters during the crisis period of the recent revolution. Obviously, the Station would have found it most difficult, if not impossible, to perform in the fashion it did without this assistance. What deserves special comment, however, is the generally high quality of their performance under quite demanding, fluid, and, often, dangerous conditions. With few exceptions, already known to Headquarters, the TDY personnel did a magnificent job both collectively and as individuals. Considering the grade and experience of most of these officers, it can probably be assumed that this was to be expected. But, what clearly was not predictable was their willingness to accept any type of assignment regardless of grade or circumstances, their quick adaptability and initiative in an unfamiliar and confused situation, and their stamina under the stress of long and irregular work days seven days a week. Furthermore, in spite of the close working quarters, constant association, and strain inherent in this type of situation, "personality clashes" or other signs of incompatibility were very few indeed.

2. Undoubtedly, Headquarters has sensed the foregoing from returns. The purpose of sending this dispatch is to make it a matter of record and to suggest to Headquarters that their standard of performance under these conditions may merit consideration of some special recognition in the personnel files of the personnel concerned.

Continued...

Distribution:  
 3 - WHD

Attachment:  
 As stated - h/w

CGCS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE
	HDCT-1221	17 July 1965
	CLASSIFICATION	HQS FILE NUMBER
	S-E-C-R-E-T	



3. Without detracting one whit from the performance of any of the other officers on TDY assignment, the present COS would like to single out [redacted] and [redacted] as deserving special comment. Their performance has been exceptional. A special note is attached for [redacted]. Therefore, it is recommended that the attached memoranda be inserted into each of their personnel files.

4. Also, the COS would like to register the fact that the foregoing not only speaks highly of the TDY personnel assigned, but Headquarters as well in providing this type of support.

5. As a final comment, Headquarters may care to check this memorandum with [redacted] the COS for a good part of this period, to obtain any special comments he might wish to make in this regard -- either with respect to content or individuals whom he considered exceptional and who are not known to the present COS.

*David Phillips*

S-E-C-R-E-T

17 July 1965

MEMORANDUM FOR THE RECORD

SUBJECT:

TDY in Santo Domingo

1. [redacted] was assigned to [redacted] on a TDY basis for the period 2 June to 16 July 1965. During this assignment, [redacted] was placed in charge of the Station C.A. program with special emphasis on exploiting targets of opportunity in the very fluid crisis situation then prevalent and, simultaneously, generating new assets and new approaches to lay the groundwork for the altered situation which would be confronting the Station in the post-crisis era. In addition to supervising the C.A. program, he handled a number of existing agents, developed some new assets, and conducted numerous special C.A. operations, including some quite effective black activities. On this assignment, [redacted] worked some fourteen to sixteen hours a day throughout the entire period.

2. The undersigned is aware that C.A. would expect a quite professional and dedicated performance from an officer of [redacted] seniority, experience, and caliber; however, even taking this into consideration, his performance in every respect was exceptional, and should merit special recognition.

3. It is recommended that a copy of this memorandum be placed in [redacted] personnel folder.

*David H. Miller*  
S-E-C-R-E-T

SECRET

94209

6 AUG 1969

MEMORANDUM FOR: Director of Central Intelligence

THROUGH : Deputy Director for Plans

SUBJECT : Appointment of Mr. David A. Phillips as  
Chief of Station, [redacted]

1. The appointment of Mr. David A. Phillips, GS-16, as Chief of Station, [redacted] effective on or about 15 January 1970 is recommended. Mr. Phillips would replace Mr. Robert D. Gahagen.

2. Mr. Phillips has been an employee of the Agency since 1951 initially in a contract capacity. He has served in [redacted] Havana, [redacted] Mexico City and most recently as Chief, Cuban Operations Group. Mr. Phillips is fluent in the Spanish language [redacted]

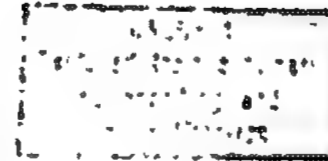
[redacted] A biographic profile including information regarding his Agency experience and training is attached.

*William V. Broe*  
William V. Broe  
Chief

Western Hemisphere Division

Attachment  
Biographic Profile (Parts 1 and 2)


SECRET






SUBJECT: Appointment of Mr. David A. Phillips as Chief of Station,

APPROVAL RECOMMENDED:

 20 Sept 09  
Deputy Director for Plans Date

The recommendation in paragraph one is APPROVED:

 1 Oct 09  
Director of Central Intelligence Date

SECRET

**CONFIDENTIAL**  
(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER  
**Phillips David Alton 460-28-3930**

1. RESIDENCE DATA  
 PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY: **Port Worth, Texas**  
 LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad): **Washington, D.C.**  
 PLACE DESIGNATED AS PERMANENT RESIDENCE: **Washington, D.C.**

2. MARITAL STATUS (Check one)  
 SINGLE  MARRIED  SEPARATED  DIVORCED  WIDOWED  ANNULLED  
 IF MARRIED, PLACE OF MARRIAGE: **Bethesda, Md. (Please note this is a change)**  
 DATE OF MARRIAGE: **28 March 1969**  
 IF DIVORCED, PLACE OF DIVORCE DECREE: **Potomac, Maryland**  
 DATE OF DECREE: **28 March 1969**  
 IF WIDOWED, PLACE SPOUSE DIED: \_\_\_\_\_  
 DATE SPOUSE DIED: \_\_\_\_\_

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)  
**Joan Hildebrant, incompatibility, circa September 1941**  
**Helen Haasch, incompatibility, 22 November 1967.**

3. MEMBERS OF FAMILY

NAME OF SPOUSE	ADDRESS (No. Street, City, State, Zip Code)	TELEPHONE NO.
<b>Virginia S. Phillips</b>	<b>8224 Stone Trail Drive, Bethesda Md 20034</b>	<b>469-6733</b>
NAMES OF CHILDREN	ADDRESS	SEX DATE OF BIRTH
<b>Marie</b>	<b>Same as above</b>	<b>F 1949</b>
<b>David Jr</b>	<b>"</b>	<b>M 1951</b>
<b>Christopher</b>	<b>"</b>	<b>M 1956</b>
<b>(See Continuation)</b>		
NAME OF YOUR FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.
<b>Deceased</b>		
NAME OF YOUR MOTHER (Or female guardian)	ADDRESS	TELEPHONE NO.
<b>Deceased</b>		

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.  
**My brother, Edwin T. Phillips, Jr.**

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle)	RELATIONSHIP
<b>Mr. Phillips, Edwin Thomas</b>	<b>Brother</b>
HOME ADDRESS (No. Street, City, State, Zip Code)	HOME TELEPHONE NUMBER
<b>Fort Worth National Bank, Bldg., Fort Worth, Texas</b>	<b>Unknown</b>
BUSINESS ADDRESS (No. Street, City, State, Zip Code) (If applicable)	BUSINESS TELEPHONE & EXTENSION
<b>Same as above.</b>	<b>Unknown</b>

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)  
**Yes** YES  NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)  
**Yes, he is my attorney-in-fact.** YES  NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)  
**Yes, he is my attorney-in-fact.** YES  NO

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

**CURRENT RESIDENCE AND DEPENDENCY REPORT**

CONFIDENTIAL

(When Filled In)

VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

Fort Worth National Bank, Fort Worth, Texas. Checking and Saving.
Potomac National Bank, Potomac, Md. Checking.
Columbia Federal (House mortgage).

All in name David A. Phillips

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? [X] YES [ ] NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? [ ] YES [X] NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? [X] YES [ ] NO. (If "Yes" where is document located?)

In possession of my brother and attorney, Edwin T. Phillips, Jr. (See above).

HAVE YOU PRE-PLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? [ ] YES [X] NO. (If "Yes" give name(s) and address)

But, My children would go their mother; my step-children to their father.

HAVE YOU EXECUTED A POWER OF ATTORNEY? [X] YES [ ] NO. (If "Yes", who possess the power of attorney?)

My brother, Edwin T. Phillips, Jr.

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

Continuation of children:

The following are my step children, who live with/and/or receive more than half their support from me: (All have common address of 8224 Stone Trill Drive):

Deborah Anne Ahern (f)
Bryan Moss Ahern (m)
Wynne Augherton Ahern

SIGNED AT

Washington Dc

DATE

19 November 1969

SIGNATURE

[Handwritten Signature]

CONFIDENTIAL



**SECRET**  
(When Filled In)

FILE  
PUNCHED  
List

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO. 1-6	NAME		
	LAST (Print)	FIRST	MIDDLE
024345	Phillips, David A.		

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 88, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38 39		40-42

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
08	05	69	08	06	69	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	2		WH	811

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

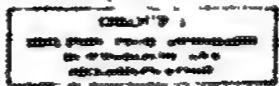
<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. Wh 71-70	DOCUMENT DATE/PERIOD 5 - 8 Aug 69
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REMARKS

PREPARED BY SCC	REPORT ANNOTATED OR CONTROL DOCUMENT <input checked="" type="checkbox"/>	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION, CYRR.	DATE 21 Nov 69	SIGNATURE <i>DC [Signature]</i>

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



**SECRET**  
(When Filled In)

**REPORT OF SERVICE ABROAD**

PUNCHED  
CYR

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO. NAME

1-0  
024215 (Print) Phillips 7-24 Dell A

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 98, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE	ONLY		
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE	ONLY		
07	18	67	07	12	69	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39	SOUTH ADIRICK	40-42
							2			1/2 3

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	
DOCUMENT IDENTIFICATION NO. WH 4870	DOCUMENT DATE/PERIOD 7-24-70

REMARKS

PREPARED BY DCO	REPORT ABSTRACTED OR CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION, CTAS. C & T DIVISION	DATE 7/10/70	SIGNATURE [Signature]

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



**SECRET**  
(When Filled In)

**REPORT OF SERVICE ABROAD**

**FILE  
PUNCHED  
BY *ret***

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
1-8 <b>024345</b>	(Print) <b>PHILLIPS</b>	7-28 <b>DAVID</b>	<b>A.</b>

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 59, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37		40-42

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
05	19	69	05	21	69	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37		40-42
							2		120

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD <b>5 thru 21 May 1969</b>
-----------------------------	---------------------------------------------------


REMARKS

PREPARED BY	REPORT ANNOTATED OR CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
<input checked="" type="checkbox"/> DCO C & L DIVISION, CYBR.	DATE <b>28 May 1969</b>	SIGNATURE
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER



SECRET  
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE										
TO: Office of Personnel, Statistical Reporting Branch, ROOM 5 E-2506 Headquarters										
EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE						OFFICE/COMPONENT			
1-6	LAST	FIRST			MIDDLE		25-26			
024345	(Print)	7-28					WH Division			
INSTRUCTIONS										
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.										
PCS DATES OF SERVICE										
TYPE OF DATA		ARRIVAL			DEPARTURE			COUNTRY		OMIT
1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR			40-42
	27	28-29	30-31	32-33	34-35	36-37	38-39			
TDY DATES OF SERVICE										
TYPE OF DATA		DEPARTURE			RETURN			AREA(S)		OMIT
2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR			40-42
	2	5	22	68	5	25	68	Mexico		450
SOURCE OF RECORD DOCUMENT										
<input checked="" type="checkbox"/> TRAVEL VOUCHER					<input type="checkbox"/> DISPATCH					
<input type="checkbox"/> CABLE					<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT					
<input type="checkbox"/> OTHER (Specify)										
DOCUMENT IDENTIFICATION NO.					DOCUMENT DATE/PERIOD					
WH-703-68					22-25 May 1968					
REMARKS										
PREPARED BY			REPORT ANNOTATED ON SOURCE DOCUMENT			ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED				
OSY										
<input checked="" type="checkbox"/> C & L DIVISION			DATE			SIGNATURE				
<input type="checkbox"/> C & T DIVISION			5 August 1968							

Creditable Service —

Military 45-10-32  
43-02-13

02-08-19

Contract Employee — 54-03-04

55 TO 03-31

Staff Employee — 55-04-01

56 TO 02-06

STAFF AGENT — 56-02-07

58 TO 08-13

CON-  
TINUOUS  
SERVICE

INDEPENDENT CONTRACTOR 58-08-19

TO 60-03-13

NOT  
CREDITABLE  
SERVICE

STAFF EMPLOYEE — 03-14-60

TO  
PRESENT

02-08-19 MILITARY 58-08-13

04-05-10 54-03-04

06-13-29 04-05-10

07-01-29

44  
60-03-13

07-01-29

S.C.D. 53-01-15 } d.m. 7-01-66

L.C.D. 55-10-04 }

**DESIGNATION OF BENEFICIARY**

**UNPAID COMPENSATION OF  
DECEASED CIVILIAN EMPLOYEE**

**IMPORTANT**

Read instructions  
on back of duplicate  
before filling in this form

**INFORMATION CONCERNING THE EMPLOYEE:**

<b>NAME—</b>	<b>(Last)</b>	<b>(First)</b>	<b>(Middle)</b>	<b>DATE OF BIRTH (Month, day, year)</b>
	Phillips	David	Atlee	October 31, 1922

**DEPARTMENT OR AGENCY IN WHICH EMPLOYED**

(Department or agency) \_\_\_\_\_ (Bureau) \_\_\_\_\_ (Division) \_\_\_\_\_

I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 3 of the act of August 5, 1950, Public Law 536, and in no wise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.

**INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:**

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Maria L. Phillips	8224 Stone Trail Drive Bethesda, Maryland 20034	daughter	one-fourth
David A. Phillips, Jr.	8224 Stone Trail Drive Bethesda, Maryland 20034	son	one-fourth
Atlee Y. Phillips	8224 Stone Trail Drive Bethesda, Maryland 20034	daughter	one-fourth
Christopher C. Phillips	8224 Stone Trail Drive Bethesda, Maryland 20034	son	one-fourth

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

1 December 1967

(Date of execution—month, day, year)

*David A. Phillips*

(Signature of employee)

**WITNESSES TO SIGNATURE:**

*Maigaret Joyce*

(Signature of witness)

2400 So. Glebe Rd

(Number and street)

Arlington, Va 22206

(City, zone number, and State)

*Elizabeth Ann Kelly*

(Signature of witness)

8137 Prescott Dr

(Number and street)

Vienna, Va 22180

(City, zone number, and State)

**PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE**

David A. Phillips  
8224 Stone Trail Drive  
Bethesda, Maryland 20034

**THIS SPACE RESERVED FOR RECEIVING DATA  
OF EMPLOYING AGENCY**

05 DEC 1967

*Erica C/P*

(Indicate date and by whom received) *Erica*

DELIVER BOTH COPIES TO THE PROPER OFFICER OF YOUR AGENCY—DUPLICATE WILL BE NOTED AND RETURNED



**SECRET**  
(When Filled In)

**REPORT OF SERVICE ABROAD**

**TO:** Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
024345	(Print) Phillips	Daniel	A.

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 89, REVISED.

**PCS DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE	38 39		
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 8 - CANCELLATION	37	38 39		40-42
			08	02	67		1			1967

**TDY DATES OF SERVICE**

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE	38 39		
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 8 - CANCELLATION	37	38 39		40-42

**OFFICE OF PERSONNEL USE ONLY - PUNCH AREA**

**SOURCE DOCUMENT AND CERTIFICATION**

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

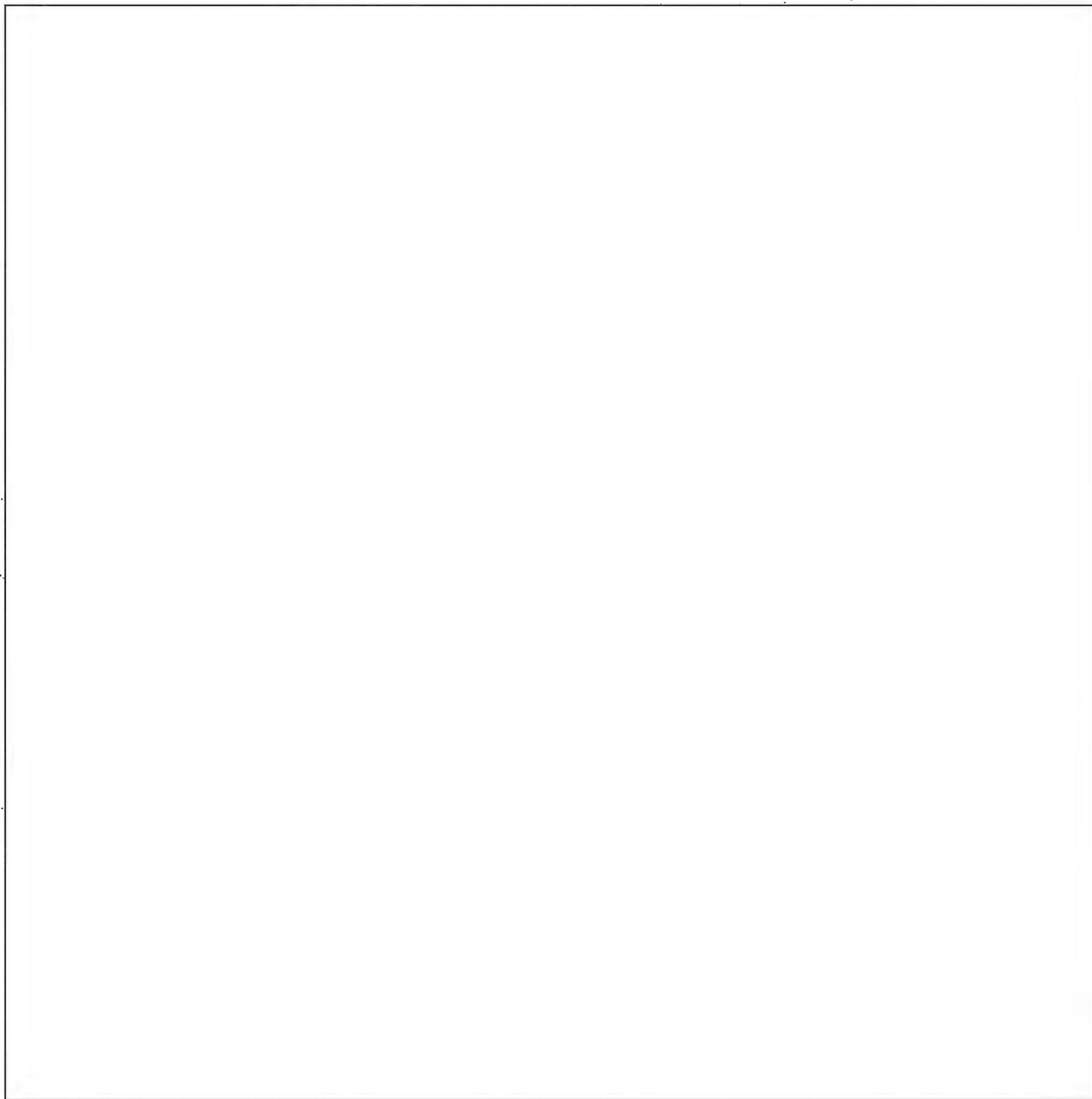
DOCUMENT IDENTIFICATION NO. IN 24259	DOCUMENT DATE PERIOD August 2 1967
-----------------------------------------	---------------------------------------

REMARKS

PREPARED BY DCO	REPORT ANNOTATED OR CONTROL DOCUMENT <input checked="" type="checkbox"/>	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION, CTBB.	DATE August 2 1967	
C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL  
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

<b>DISPATCH</b>		CLASSIFICATION <b>S E C R E T</b>	PROCESSING ACTION
TO	Chief, Western Hemisphere Division		MARKED FOR INDEXING
INFO.			NO INDEXING REQUIRED
FROM	Chief of Station, [redacted]		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	Letter of Appreciation from [redacted]		MICROFILM
ACTION REQUIRED - REFERENCES			
<p>Action: See para two</p> <p>1. Attached find an original and two copies of a letter of appreciation from [redacted] until 18 January, [redacted]</p> <p>2. It is requested that the original be placed in the personnel file of Michael C. CHOADEN. The first copy, marked "A" should be placed in the personnel file of Stewart R. PATAKER. The second copy, marked "B", should be passed to Franklyn D. MALLEK for his information and disposition.</p> <p>[redacted]</p> <p>[redacted]</p> <p><i>Michael C. Choaden</i> Michael C. CHOADEN</p>			
Attachment: Letter			
Distribution: 3 - Chief, WHD w/att h/w			
CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	HDCT 1359	18 January 1966	
	CLASSIFICATION	HQS FILE NUMBER	
	S E C R E T		







RECORD OF OVERSEAS SERVICE (4)	NAME OF EMPLOYEE <i>PHILLIPS, DAVID A.</i>		EMPLOYEE SERIAL NO. <i>200</i> <i>24345</i>		COMPLETED BY EMPLOYEE YES NO		TELEPHONE EXT.	SECRET (WHEN FILLED IN)		
	DO NOT FOLD, STAPLE, SPINDLE, OR MUTILATE									
	FORM 1451	INSTRUCTIONS  THIS FORM MUST BE RETURNED WHETHER YOU HAVE HAD OVERSEAS SERVICE OR NOT.  PLEASE READ CAREFULLY INSTRUCTIONS ON ACCOMPANYING CARD; THEN FILL OUT THIS FORM AS ACCURATELY AS POSSIBLE.		DO NOT WRITE IN COLUMN	WHERE SERVICE WAS PERFORMED	PTS - 1 TYP CENTER NO.	DATES		SERVICE AS CIVILIAN - 1 MILITARY - 2 (CENTER NO.)	RESPONSIBLE U.S. GOVT DEPT OR AGENCY
FROM							TO			
20 YR							30 YR			
31-40							41			
	<i>1976</i>	<i>HAVANA, CUBA</i>	<i>1</i>	<i>64</i>	<i>156</i>	<i>157</i>	<i>1</i>	<i>CIA</i>	<i>100</i>	
	<i>400</i>		<i>1</i>	<i>67</i>	<i>157</i>	<i>158</i>	<i>1</i>	<i>CIA</i>	<i>100</i>	
	<i>861</i>	<i>AFRICA TRAIT</i> <i>GERMANY</i>	<i>1</i>	<i>64</i>	<i>143</i>	<i>145</i>	<i>2</i>	<i>USAAF</i>	<i>290</i>	
IF ADDITIONAL SPACE IS NEEDED, CHECK HERE <input type="checkbox"/>			AND ASK YOUR ADMINISTRATIVE OFFICER FOR SUPPLEMENTAL CARDS					SECRET		

CONFIDENTIAL  
(When Filled In)

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 29 August 1961.

David A. Phillips  
Signature

2 October 1963  
Date

DAVID A. PHILLIPS

CONFIDENTIAL



REPORT OF HONOR AWARDS BOARD (CONVENED PURSUANT TO REGULATIONS R 20-635 AND AFR 20-635)			
The Honor Awards Board having considered a recommendation that:			
NAME: (Last)	(First)	(Middle)	POSITION TITLE
PHILLIPS	David	Atlee	Covert Associate
PRESENT GRADE	OFFICE ASSIGNED TO	STATION	
7200.00 p.a.	4th Division		
RE AWARDED:			
Distinguished Intelligence Medal			
<input type="checkbox"/> FOR HEROIC ACTION, OR			
<input checked="" type="checkbox"/> FOR MERITORIOUS ACHIEVEMENT OR SERVICE DURING THE PERIOD January - July 1954			
<input type="checkbox"/> APPROVES THE RECOMMENDATION <input type="checkbox"/> DISAPPROVES THE RECOMMENDATION			
<input checked="" type="checkbox"/> APPROVES, BUT IN LIEU THEREOF, RECOMMENDS THE AWARD OF: Intelligence Medal of Merit			
CITATION			
<p>DAVID ATLEE PHILLIPS is hereby awarded the Intelligence Medal of Merit for his outstanding dedication and devotion to the cause of freedom.</p> <p>While assigned a position of responsibility in creating a psychological medium to further the efforts of removing a serious threat to the security and welfare of his government, he, personally, with superior talent and concentration of energy proceeded to develop a program which greatly contributed to the ultimate elimination of the threat which concurrently brought historical relief to the oppressed people of an entire population.</p> <p>The psychological medium developed and sustained by Mr. PHILLIPS was directed and operated with such ingenuity, resourcefulness and forceful imagination that he was able to create and maintain a completely notional situation for an extended period thereby making it possible to achieve the objectives of his government. This achievement has no parallel in the history of psychological warfare.</p>			
REASONS FOR DISAPPROVAL OF RECOMMENDED AWARD			
APPROVED		SIGNATURE	
<p><i>Clayton</i>  <b>SIGNED</b>  DIRECTOR OF CENTRAL INTELLIGENCE  8 SEP 1954  DATE</p>		<p><b>SIGNED</b>  TYPED NAME OF CHAIRMAN, HONOR AWARDS BOARD  _____  SIGNATURE  <b>SIGNED</b>  TYPED NAME OF RECORDER  _____  DATE</p>	

SECRET  
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE									
TO: Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall									
EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE						OFFICE/COMPONENT		
	LAST	FIRST			MIDDLE				
1-6	(Print)	7-24					25-26		
24345 ✓	Phillips	David				A	35 6-4		
INSTRUCTIONS									
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.									
PCS DATES OF SERVICE									
TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	Mexico	40-42
3 - CORRECTION 5 - CANCELLATION	1	09	25	61					450
TDY DATES OF SERVICE									
TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	WH	40-42
4 - CORRECTION 6 - CANCELLATION									
SOURCE OF RECORD DOCUMENT									
TRAVEL VOUCHER					<input checked="" type="checkbox"/> DISPATCH				
<input checked="" type="checkbox"/> CABLE					DUTY STATUS OR TIME AND ATTENDANCE REPORT				
OTHER (Specify)									
DOCUMENT IDENTIFICATION NO.					DOCUMENT DATE PERIOD				
HMMT-2316					13 October 1961				
REMARKS									
PREPARED BY			REPORT ANNOTATED ON SOURCE DOCUMENT			ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED			
FISCAL DIVISION			DATE 11/20/61			SIGNATURE			
FINANCE DIVISION 42									

SECRET

SECRET: 3443

29 June 1961

MEMORANDUM FOR THE RECORD

SUBJECT: David A. Phillips

On 14 June 1961 the undersigned reviewed with Mr. David A. Phillips his career development prospects for the next five year period. We agreed that the following represented a desirable and fairly firm goal in this respect:

- a. In general his future training and field experience should place sufficient stress on the CI and FI fields to avoid the career confinement of strict CA specialization.
- b. His next assignment would be a normal field tour in Mexico City. Upon return from that assignment, he would receive up to six months training to be followed by an assignment to the CA Staff (or the organizational successor thereof). One of his primary undertakings in the CA Staff would be to develop what might best be termed "ideological warfare" (e.g., a search for basic ideas and concepts with wide appeal) as opposed to the normal propaganda approach (e.g., a running debate on current events).

*Richard M. Bisell, Jr.*  
RICHARD M. BISSELL, JR.  
Deputy Director  
(Plans)

cc: ASCA (Pers)  
Attn Panel A  
Mr. Phillips  
Thru C/WII  
OP/RSD

SECRET



CONFIDENTIAL  
(When Filled In)

TR

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave of government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER  
Phillips David Atlee

1. RESIDENCE DATA  
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED: Fort Worth, Texas  
LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad):  
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE: Fort Worth, Texas  
HOME LEAVE RESIDENCE: Fort Worth, Texas

2. MARITAL STATUS (Check one)  
SINGLE  MARRIED  SEPARATED  DIVORCED  WIDOWED  ANNULLED   
IF MARRIED, PLACE OF MARRIAGE: Fort Worth, Texas DATE OF MARRIAGE:  
IF DIVORCED, PLACE OF DIVORCE DECREE: DATE OF DECREE:  
IF WIDOWED, PLACE SPOUSE DIED: DATE SPOUSE DIED:  
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S):  
John Niederkrant Phillips Incapacity Sept 15, 1941

3. MEMBERS OF FAMILY  
NAME OF SPOUSE: HELEN H PHILLIPS ADDRESS (No., Street, City, Zone, State): 6307 DAVENPORT RD. WASH 16, DC TELEPHONE NO.: OL-2-8154  
NAMES OF CHILDREN: MARLA, DAVID, JR, ATLEE, CHRISTOPHER ADDRESS: " " " " SEX: F, M, F, M DATE OF BIRTH:  
NAME OF FATHER (Or male guardian): DECEASED ADDRESS: TELEPHONE NO.:  
NAME OF MOTHER (Or female guardian): DECEASED ADDRESS: TELEPHONE NO.:  
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY: WIFE - PHILLIPS, HELEN H. PHILLIPS, JR.

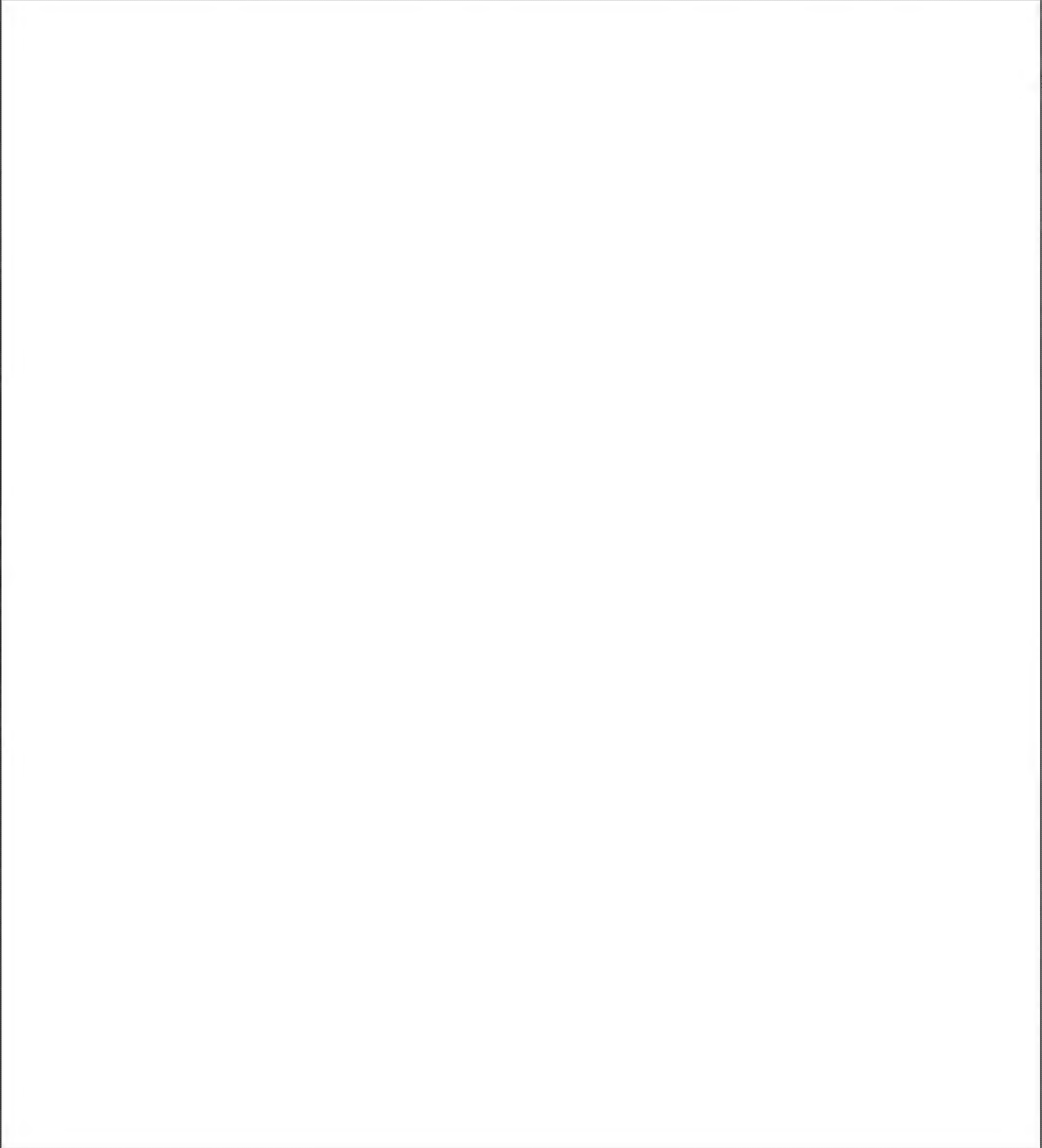
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY  
NAME (Mr., Mrs., Miss) (Last-First-Middle): PHILLIPS, EDWIN T. RELATIONSHIP: BROTHER  
HOME ADDRESS (No., Street, City, Zone, State): 4408 WASHINGTON ST. FORT WORTH, TEX HOME TELEPHONE NUMBER: ?  
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE: FORT WORTH NATIONAL BANK BLDG. BUSINESS TELEPHONE & EXTENSION: ?

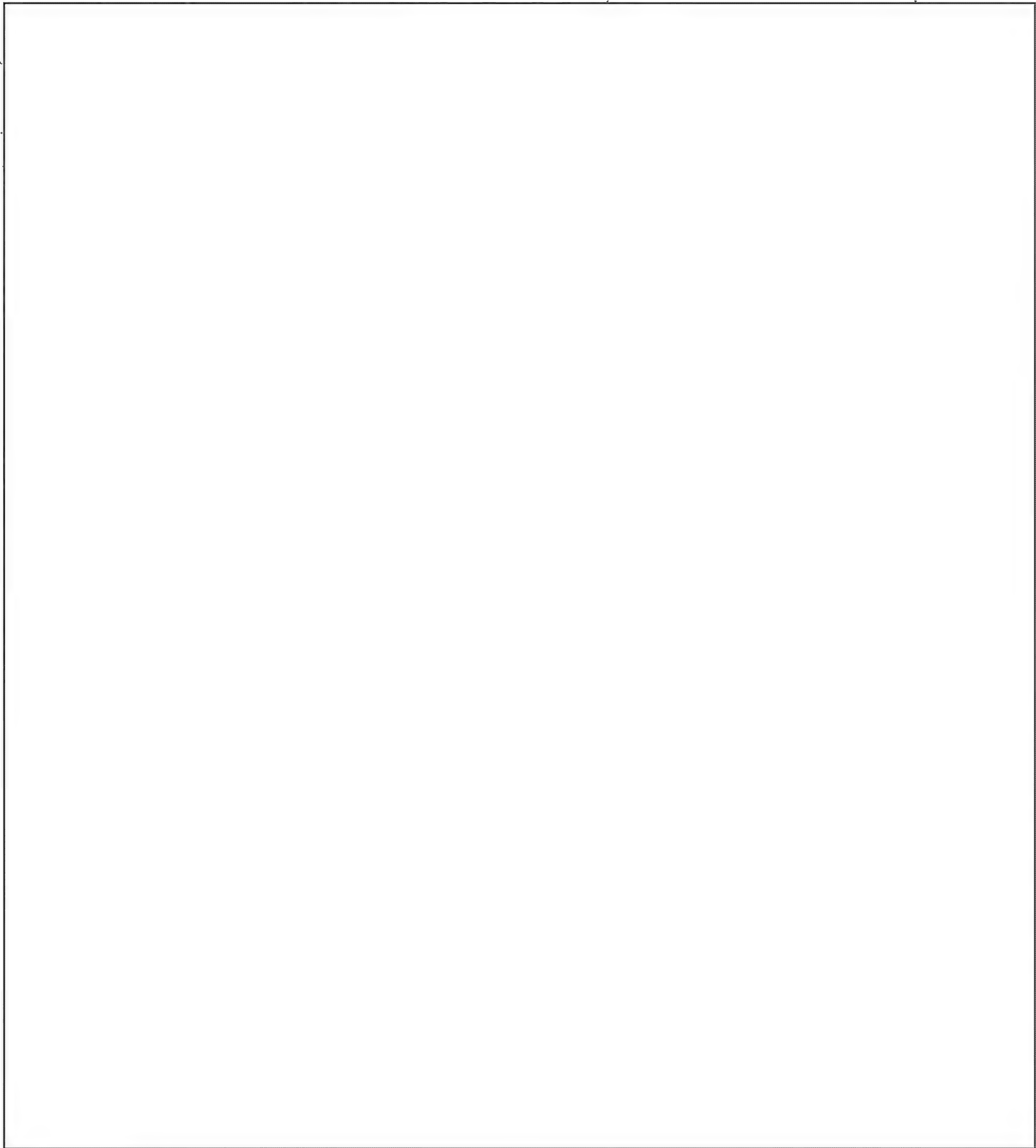
IS THE INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) YES  NO   
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) YES  NO   
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.) YES  NO

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.

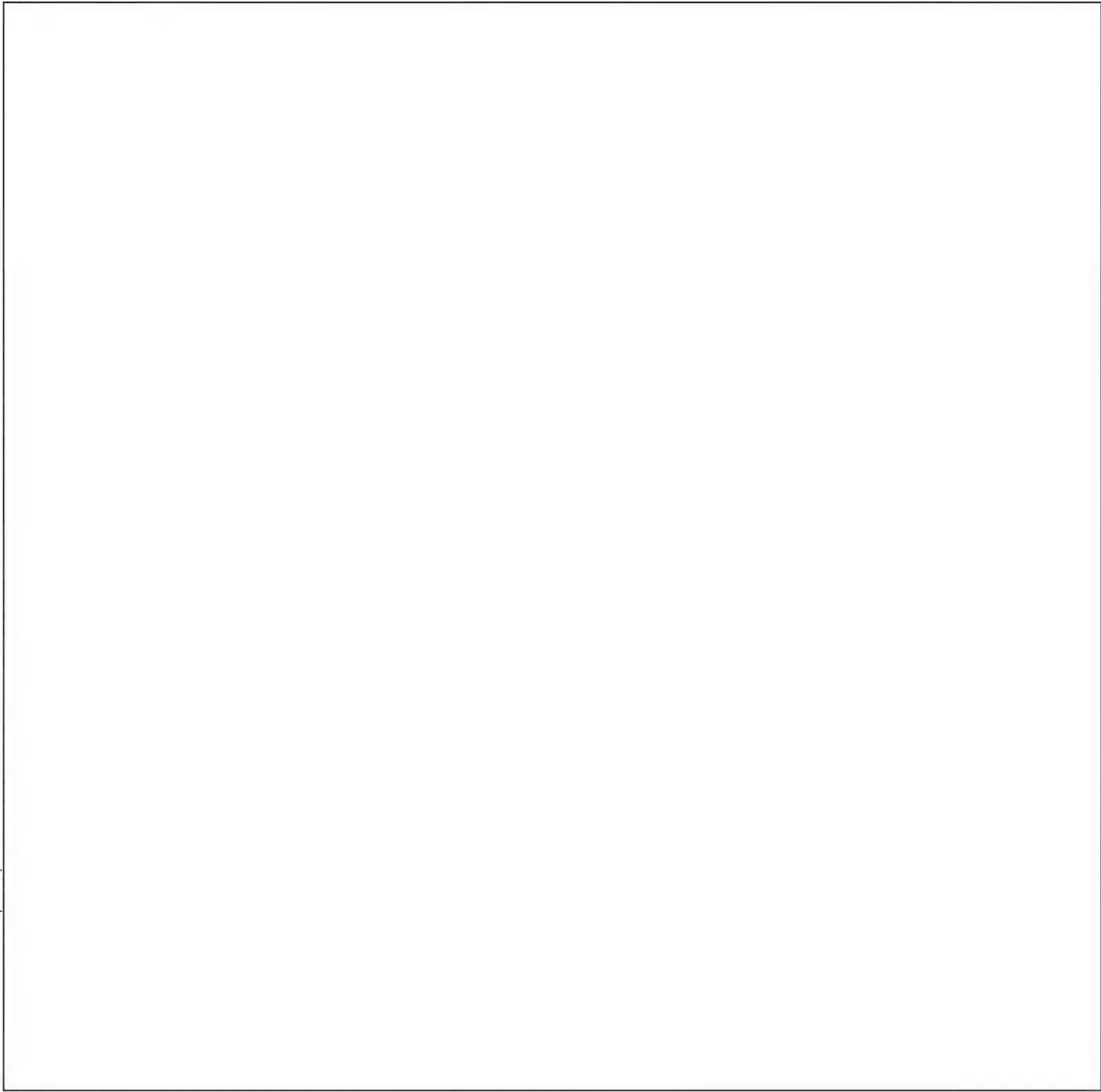
CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT









SECRET

11 January 1961

TO : Director of Personnel

FROM : Chief, WD

SUBJECT: Additional Compensation in Lieu of Overtime Payment

REF: Memo dated 11 January 1961 from SSA/DPS to DD/S, approved by DD/S, Subject: "Employee Benefits for JIATS Personnel"; and memo dated 22 December 1960 from ADD(P) to Deputy Director (Plans), Subject: "Employee Benefits for Personnel Assigned to JIATS".

In accordance with referenced memoranda, it is requested that the personnel listed below be authorized to receive additional compensation effective 8 January 1961, at the rate of 15% of their respective rates of basic annual compensation (but not to exceed the ~~maximum~~ rate for a *Minimum* GS-9) in lieu of payment of the regular overtime rates for irregular, unscheduled and frequent overtime.

<u>NAME</u>	<u>EMPLOYEE Serial No.</u>	<u>TITLE</u>	<u>SALARY</u>
ESTERLINE, Jacob D.	56793	OPS Officer	\$14,055
WHISBUD, Robert A.	509360	Ops Officer	12,990
[REDACTED]	229350	OPS Officer	14,055
MILLER, David A.	654300	OPS Officer	12,730
MAGLI, Louis F.	012415	OPS Officer	12,210
YUNNY, Walter P.	064733	OPS Officer	12,730
PETERS, John D.	55093	OPS Officer	11,675
[REDACTED]	59794	Instructor (OPS)	8,955
HIGGS, Calvin W.	56351	Guerrilla Warfare Officer	9,475
RILEY, James	60471	OPS Officer	8,850
WILSO, Anthony L.	559127	OPS Officer	7,320
[REDACTED]	60218	Instructor (OPS)	8,955
VEDDALL, Sidney S.	059517	OPS Officer	11,155
REYNOLDS, Robert	55407	OPS Officer	12,470
SPACOS, Ernest W.	62285	Instructor (OPS)	12,470
BROWN, Frank S.	61901	Ops Officer	9,475
CARTWRIGHT, Cecil J.	57840	OPS Officer	9,215
ORRILLI, Samuel J.	55622	ADM. Officer	7,820
MORALLES, David S.	63385	OPS Officer	12,210
KENT, William F.	559193	Ops Officer	9,215

All the above employees are on Allotment #535-5000-3021.

APPROVED  
  
ROBERT J. SCHOLS

  
J. P. KING  
Chief, WD

SECRET

## APPOINTMENT AFFIDAVITS

**IMPORTANT.**—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D.C.

(Department or agency)

(Bureau or division)

(Place of employment)

I, DAVID ATLEE PHILLIPS, do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

14 March 1960  
(Date of entrance on duty)

David A. Phillips  
(Signature of appointee)

Subscribed and sworn before me this 11<sup>th</sup> day of March A. D. 1960,

at WASHINGTON, D.C.  
(City) (State)

[SEAL]

Hein Capenitz  
(Signature of officer)

PERSONNEL CLERK  
(Title)

NOTE.—The oath of office must be administered by a person specified in 5 U. S. C. 18, or by a person designated to administer oaths under Section 206, Act of June 26, 1943, 57 U. S. C. 16a. If by a Notary Public, the date of expiration of his commission should be shown.



### DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State)  
ALBAN TOWERS - 3500 MASS. AVE. WASHINGTON, D.C.

2. (A) DATE OF BIRTH OCTOBER 31, 1922 (B) PLACE OF BIRTH (city and State or city and foreign country) FORT WORTH, TEXAS

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY HELEN N. PHILLIPS (B) RELATIONSHIP WIFE (C) STREET AND NUMBER, CITY AND STATE ALBAN TOWERS 3500 MASS. AVE. WASH, D.C. (D) TELEPHONE NO. WS6-6400

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS?  YES  NO  
 If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MAR- RIED (Check one)	SIN- GLE
		1. _____ 2. _____ 3. _____			
		1. _____ 2. _____ 3. _____			
		1. _____ 2. _____ 3. _____			

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
5. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES GROUP LIFE INSURANCE ACT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes," give details in Item 12.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?	<input type="checkbox"/>	<input type="checkbox"/>
7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes," give details in Item 12.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT: A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$25 OR LESS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED. <i>If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT: (1) YOUR CONDUCT WAS NOT SATISFACTORY? (2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? <i>If your answer is "Yes," give dates of and reasons for such debarment in Item 12.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS? <i>If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.</i>	<input type="checkbox"/>	<input type="checkbox"/>

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)

ITEM NO.	ITEM NO.

**INSTRUCTIONS TO APPOINTING OFFICER.**—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment. This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE  
AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I.—EMPLOYEE'S STATEMENT										PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial)					2. DATE OF BIRTH					3. RETENTION GROUP		
PHILLIPS, DAVID ATLEE					OCTOBER 31, 1927							
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service).										10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT		
NAME AND LOCATION OF AGENCY		FROM—		TO—		TYPE OF APPOINTMENT IF ANY		11. SERVICE				
		YEAR	MONTH	DAY	YEAR	MONTH	DAY					
CIA		1955	10	13	1955	10	13	C.S.—12				
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."										12. TOTAL SERVICE		
BRANCH		FROM—		TO—		DISCHARGE (Hon. or dishon.?)		13. NONCREDITABLE SERVICE (Leave purposes only):				
		YEAR	MONTH	DAY	YEAR	MONTH	DAY					
ARMY AIR FORCE		1948	2	13	1945	10	31	HON.				
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3 DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										14. NONCREDITABLE SERVICE (RIF purposes only):		
TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mer Mar)		FROM—		TO—		TOTAL		15. REEMPLOYMENT RIGHTS				
		YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)										16. RETENTION RIGHTS		
										<input type="checkbox"/> YES <input type="checkbox"/> NO		
7. ARE YOU:										17. EXPIRATION DATE OF RETENTION RIGHTS		
A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
C. THE UNREMARKED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.												
12 MARCH 1960 (DATE)					David A. Phillips (SIGNATURE)							
Subscribed and sworn to before me on this _____ day of _____ 1960 at WASHINGTON, D.C. (MONTH) (CITY) (STATE)												
SEAL					Allen Capriotti (SIGNATURE)							
NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.												
INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.												



**Part III.—DETERMINATION OF COMPETITIVE STATUS.** (Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter 52.) Employee has a competitive status. This determination is based upon the following evidence:

NAME OF AGENCY	SIGNATURE AND OFFICIAL TITLE	DATE

**PART IV.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES**

<del> </del>	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 13)	CREDITABLE SERVICE (Leave Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (Leave Purposes)	SERVICE COMPUTATION DATE (Leave Purposes)
Years				1960	5	
Months				03	12	3
Days				14	14	7

**PART V.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR REDUCTION IN FORCE PURPOSES.** (Complete only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.)

<del> </del>	TOTAL SERVICE (Item 12)	NONCREDITABLE SERVICE (Item 14)	CREDITABLE SERVICE (RIF Purposes)	ENTRANCE ON DUTY DATE (Present Agency)	LESS CREDITABLE SERVICE (RIF Purposes)	SERVICE COMPUTATION DATE* (RIF Purposes)
Years						
Months						
Days						

\* Enter as the "Service Computation Date" on the employee's "Service Record Card," SF 7

REMARKS:



**CONFIDENTIAL**  
(When Filled In)

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ALLOWABLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

NAME OF EMPLOYEE (Last) (First) (Middle)		
PHILLIPS DAVID ATLEE		
1. RESIDENCE DATA		
PLACE OF RESIDENCE WHEN APPOINTED	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)	
HAVANA, CUBA	476 ROSE LANE, ARLINGFORD, VA.	
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE		
1804 WASHINGTON, FORT WORTH, TEXAS		
2. MARITAL STATUS		
CHECK (X) ONE: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULCED		
IF MARRIED, INDICATE PLACE OF MARRIAGE	DATE OF MARRIAGE	
FORT WORTH, TEXAS	3 JUNE 1948	
IF DIVORCED, PLACE OF DIVORCE DECREE	DATE OF DECREE	
IF WIDOWED, INDICATE PLACE SPOUSE DIED	DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)		
JOAN HILDEBRANDT; DIVORCE DECREE FOR INCOMPATIBILITY; FORT WORTH, TEXAS, -- ? -- 1943		
3. MEMBERS OF FAMILY		
NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)	TELEPHONE NUMBER
HELEN N. PHILLIPS	ALBANY TOWERS, 3500 MASC AVE, (WAKES), DC	WD 6-6400
NAMES OF CHILDREN	ADDRESS	SEX AGE
MARIA LOUISE PHILLIPS	" " " "	F 10
DAVID A. PHILLIPS JR.	" " " "	F 9
ATLEE YOUNG PHILLIPS	" " " "	F 7
CHRISTOPHER WALKER PHILLIPS	" " " "	M 3
NAME OF FATHER (Or male guardian)	ADDRESS	TELEPHONE NUMBER
EDWIN T. PHILLIPS (DECEASED)	NA	NA
NAME OF MOTHER (Or female guardian)	ADDRESS	TELEPHONE NUMBER
MARY LOUISE PHILLIPS (DECEASED)	NA	NA
WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?		
WIFE, AND BROTHER (EDWIN T. PHILLIPS JR. 1804 WASHINGTON, FORT WORTH, TX)		
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
NAME (Mr., Mrs., Miss) (Last-First-Middle)	RELATIONSHIP	
PHILLIPS HELEN FLORENCE	WIFE	
HOME ADDRESS (No., Street, City, Zone, State)	HOME TELEPHONE NUMBER	
3500 MASC AVE (ALBANY TOWERS)	WD 6-6400	
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION	
NONE	NONE	
IS THE INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION?		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.		
5. VOLUNTARY ENTRIES		
INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS		
FORT WORTH NATIONAL BANK, FORT WORTH, TEXAS		

CONTINUED ON REVERSE SIDE

**CURRENT RESIDENCE AND DEPENDENCY REPORT**

CONFIDENTIAL  
(When Filled In)

5. (CONTINUED) *c*  
 IN WHOSE NAME ARE THE ACCOUNTS LISTED?  
 DAVID A. PHILLIPS, SPECIAL ACCOUNT

---

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?  YES  NO. IF "YES", WHERE IS DOCUMENT LOCATED?  
 LAW OFFICES OF EDWIN T. PHILLIPS, JR., FOOT WORTH NATIONAL  
 BANK BUILDING, FOOT WORTH, TEXAS, AND AUTOMAN EMERSON/AMAL

---

HAVE YOU EXECUTED A POWER OF ATTORNEY?  YES  NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?  
 EDWIN T. PHILLIPS, JR.  
 FOOT WORTH NATIONAL BANK BUILDING, FOOT WORTH, TEX.

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6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT WASHINGTON, DC	DATE 11 MARCH 1962	SIGNATURE <i>David A. Phillips</i>
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CONFIDENTIAL

MEMORANDUM FOR:

SUBJECT : Credit Reference

1. You are advised that the position for which you have been hired is of a sensitive nature and that YOU ARE NOT TO IDENTIFY YOURSELF WITH THIS AGENCY FOR credit reference or for any other purpose.

2. You are to disregard that portion of the Monday morning Personnel EOD Orientation and the Monday morning Security Introduction (which you will receive during your second or third week with the Agency) which authorizes certain personnel to identify themselves with this Agency, when necessary, for credit, rental agreements, and like purposes.

3. You will be advised by your Placement Officer as to the correct information necessary for proper job identification. If at any time cover difficulties are encountered you may arrange an appointment through your Placement Officer to see the Security Officer responsible for your activity.

G. H. STUART  
Director of Personnel

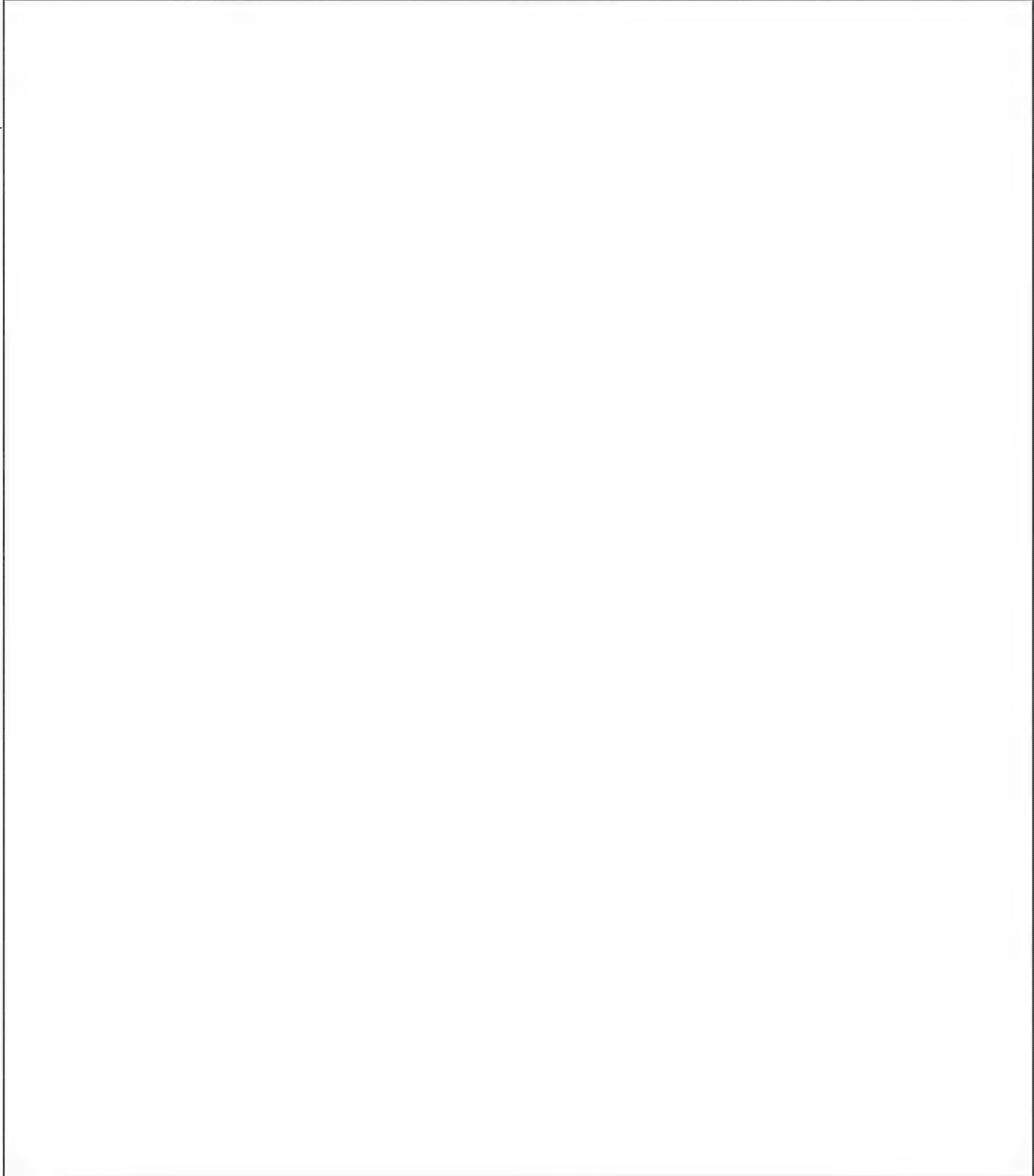
I have read the above and understand that I am not to associate myself with the Central Intelligence Agency for credit reference or for any other purpose.

14 March 1960  
Date

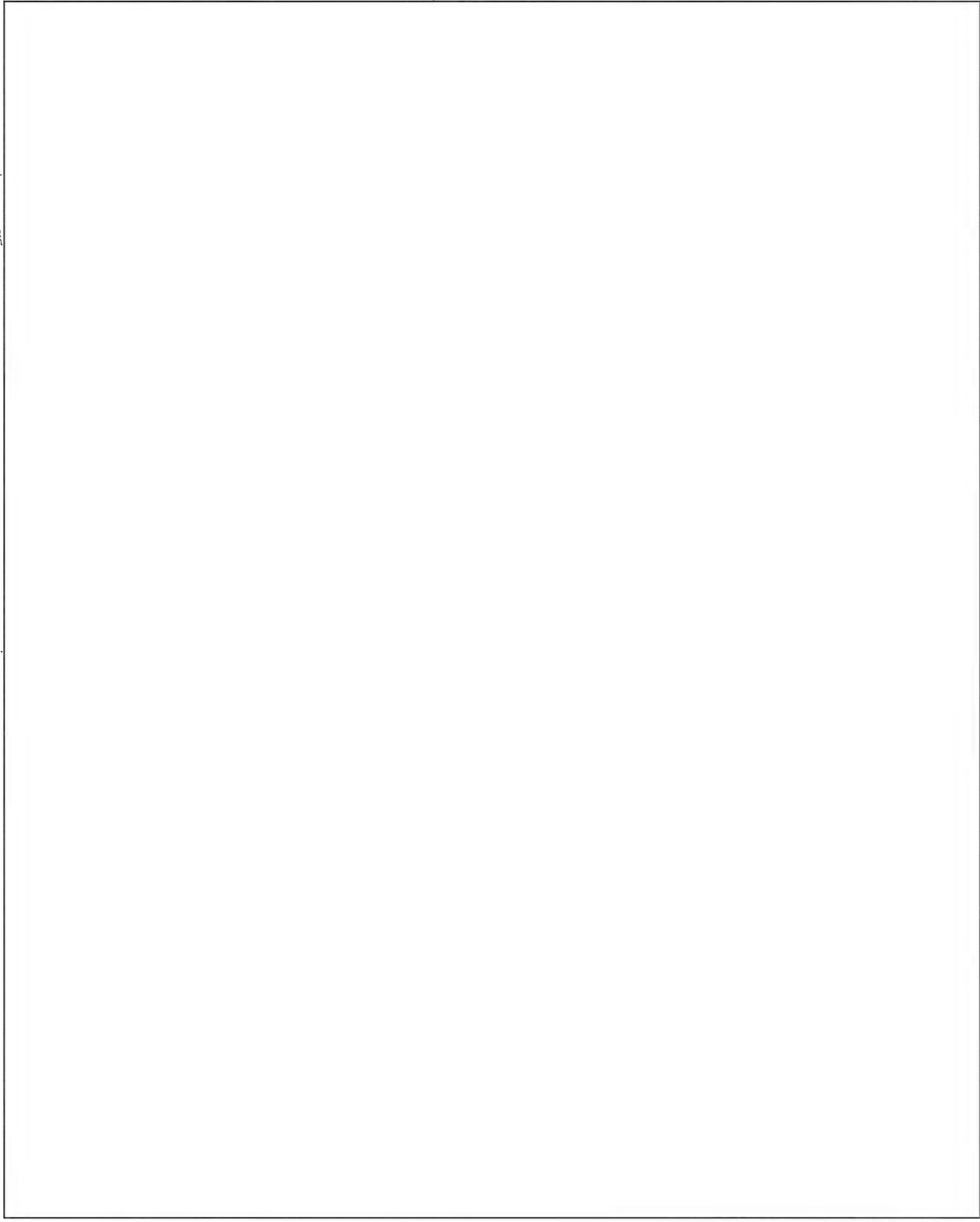
David C. Plizer  
Signature of Employee

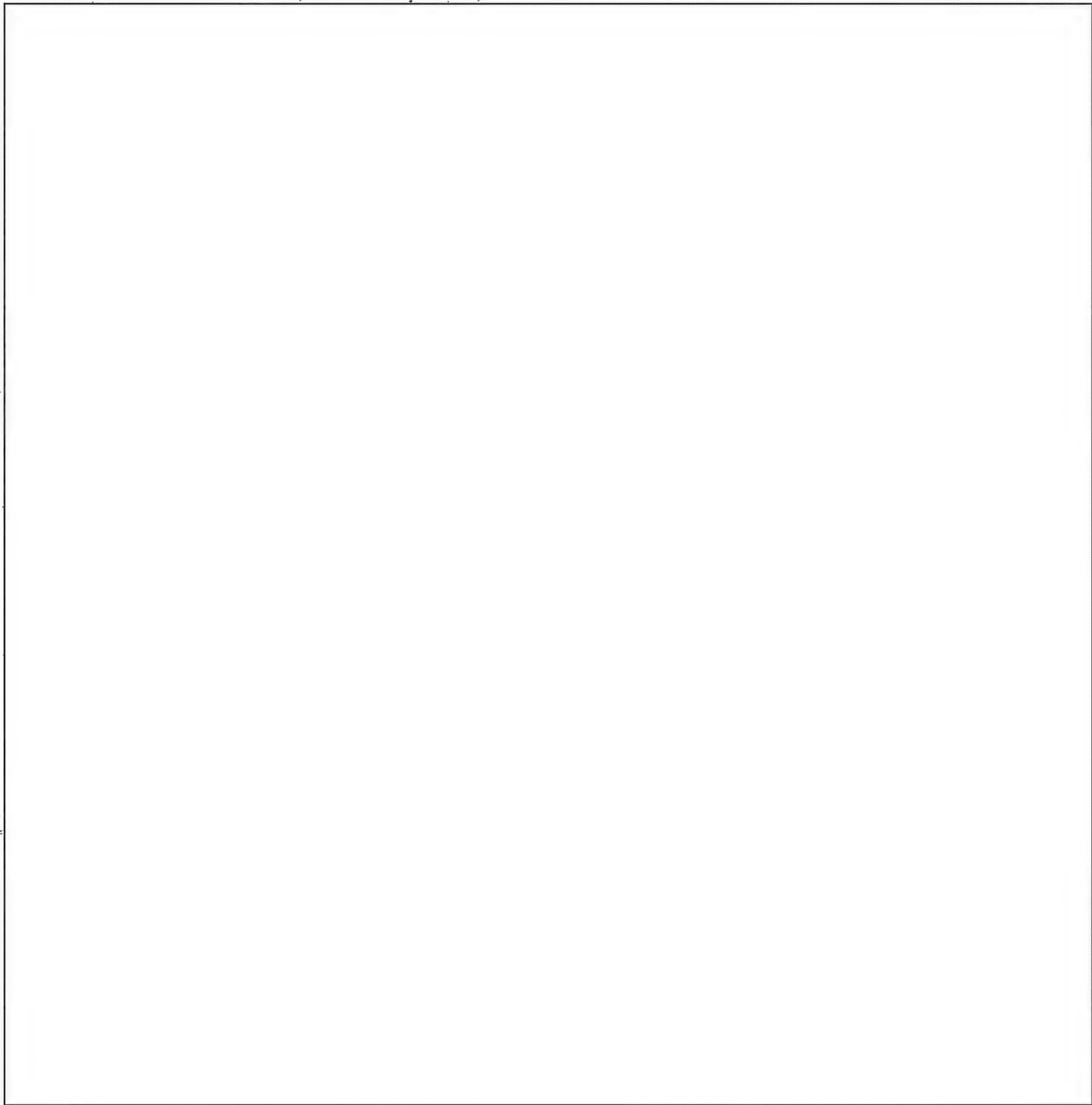


SECRET



SECRET







SECRET

CONTRACT INFORMATION AND CHECK LIST		CASE OFFICER Roy Malcolm	DIVISION WH
INSTRUCTIONS: Complete all items, inserting "N" when items are not applicable. Forward original and one copy for preparation of contract.		TELEPHONE EXTENSION 2056	DATE 17 January 1956
SECTION I GENERAL			
1. NAME <b>[Redacted]</b>	2. PROJECT	3. ALLOTMENT NO. 6-3545-55-055	4. SLOT NO. BAF-125
5. PREVIOUS CIA PSEUDONYM OR ALIASES <b>[Redacted]</b>	6. INDIVIDUAL IS PRESENTLY ENGAGED, OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary) <b>Contract Agent, 1952 - 1954 Staff Employee as of 1 May 1955 - \$10,320</b>		
7. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E. "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E. "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E. REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) <b>Staff Agent</b>	
SECTION II PERSONAL DATA			
11. CITIZENSHIP <b>U.S.</b>	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE <b>33</b>	14. DATE OF BIRTH (Month, day, year) <b>31 October 1922</b>
15. LEGAL RESIDENCE (City and state or country) <b>4904 Washburn, Fort Worth, Texas, USA</b>		16. CURRENT RESIDENCE (City and state or country) <b>949 Kose Lane, Falls Church, Va.</b>	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input checked="" type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP: <b>Wife : Helen H. Phillips Daughter : Maria Louise Phillips Son : David A. Phillips, Jr. Daughter : Atlee Young Phillips</b>		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
20. RESERVE <b>No</b>	21. VETERAN <b>Yes</b>	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat)	
23. BRANCH OF SERVICE <b>-</b>	24. RANK OR GRADE <b>-</b>	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY <b>\$10,320</b>	28. POST DIFFERENTIAL <b>Yes</b>	29. COVER (Breakdown, if any) <b>No</b>	30. TAXES TO BE WITHHELD BY COVER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS <b>Yes</b>	32. POST	33. OTHER	
34. COVER (Breakdown, if any) <b>[Redacted]</b>			
SECTION VI TRAVEL			
35. TYPES <input checked="" type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH  <b>Helen H. Phillips, wife, U.S. 36, [Redacted]</b> <b>Maria Louise Phillips, Daughter, U.S. 6, [Redacted]</b> <b>David A. Phillips, Jr., Son, U.S. 4, [Redacted]</b> <b>Atlee Young Phillips, Daughter, U.S. 2, [Redacted]</b>			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH			

**CONTRACT INFORMATION AND CHECK LIST  
(CONTINUED)**

7B. SEE INSTRUCTIONS ON FIRST SHEET.

NAME OFFICER

DIVISION

WH

TELEPHONE EXTENSION

DATE

2056

17 January 1956

**SECTION VIII**

**OTHER BENEFITS**

BENEFITS (See Part XIV of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested, see B 15-295 or successor regulations.)

Staff Agent benefits

**SECTION IX**

**COVER ACTIVITY**

7. STATUS (Check)	PROPOSED	88. TYPE (Check)	PROPRIETARY	CULTURAL	COMMERCIAL	TOURIST
	<input checked="" type="checkbox"/> ESTABLISHED		DECORATED	EDUCATIONAL	MILITARY	<input checked="" type="checkbox"/> OTHER

10. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS

NA

YES

NO

COMPLETE

PARTIAL

**SECTION X**

**OFFSET OF INCOME**

10. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)

TOTAL

PARTIAL

NONE

**SECTION XI**

**TERM**

1. DURATION				82. EFFECTIVE DATE	83. RENEWABLE
DAYS	MONTHS	2	YEARS	Upon Departure	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

34. TERMINATION NOTICE (Number of days)

35. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION

YES

NO

**SECTION XII**

**FUNCTION**

6. PRIMARY FUNCTION (PI, PP, other)

PP

**SECTION XIII**

**DUTIES**

7. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED

PP Officer, Cuba

**SECTION XIV**

**QUALIFICATIONS**

58. EXPERIENCE

Contract Agent 1952-1954 in [ ]  
Contract Agent 1954 (PBSUCCESS & FBHISTORY)  
[ ] Associate 1954-1955

59. EDUCATION

(Check Highest Level Attained)

GRADE SCHOOL	HIGH SCHOOL GRADUATE	TRADE SCHOOL GRADUATE
BUSINESS SCHOOL GRADUATE	COMMERCIAL SCHOOL GRADUATE	
<input checked="" type="checkbox"/> COLLEGE (No degree)	COLLEGE DEGREE	POST GRADUATE

60. LANGUAGE COMPETENCY

(Check Appropriate Degree Competency)

LANGUAGE	SPEAK			WRITE			READ			61. INDIVIDUAL'S COUNTRY OF ORIGIN
	FLUENT	OVERALL	POOR	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	
Spanish	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			U.S.
French		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

62. AREA KNOWLEDGE

Latin America, Europe

**SECTION XV**

**PRIOR EMPLOYMENT**

83. JOB AND SALARY PRIOR TO SERVICE FOR CIA

Self employed: Newspaper editor and publisher; lecturer.

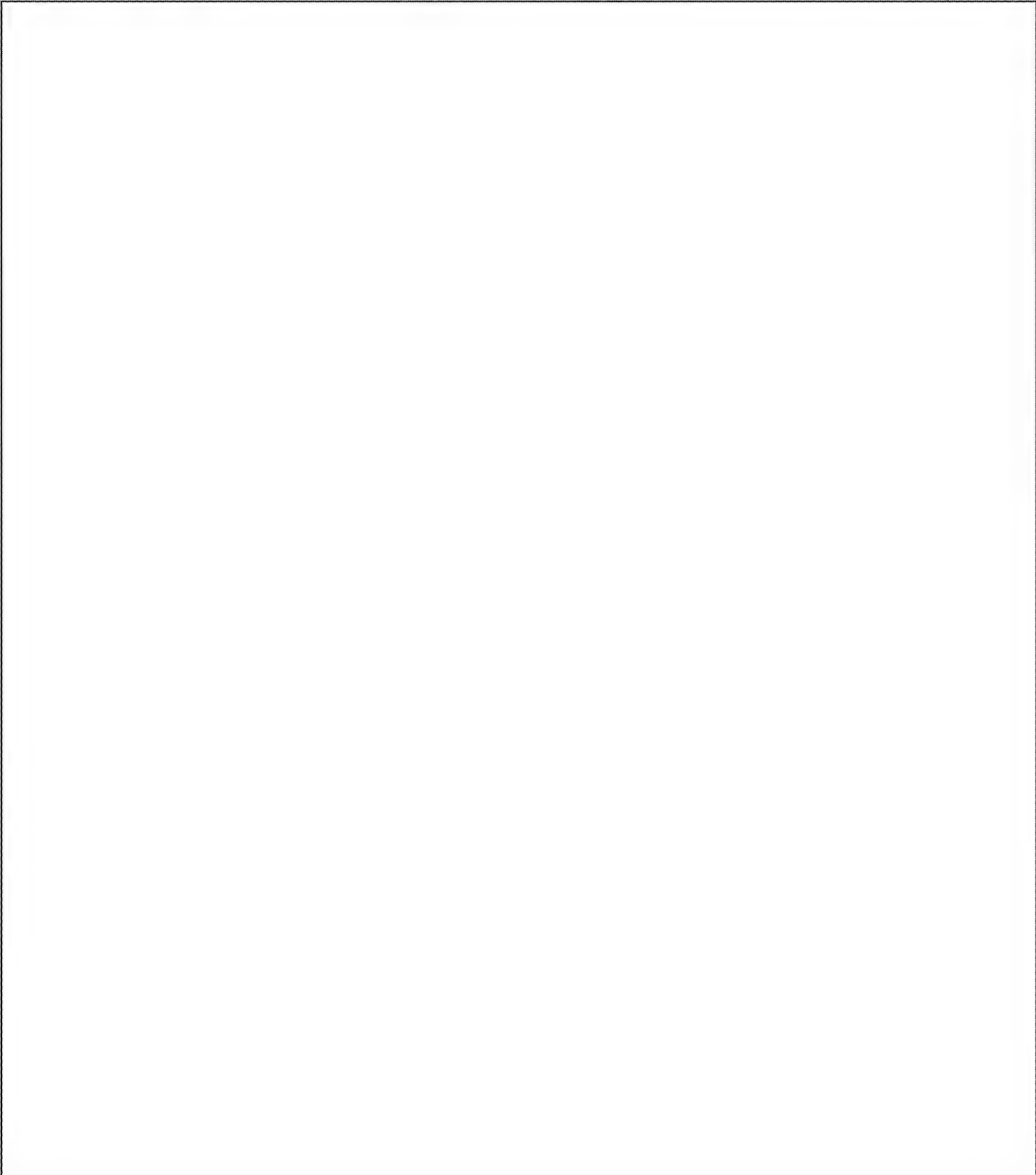
**SECTION XVI**

**ADDITIONAL INFORMATION**

84. ADDITIONAL OR UNUSUAL REQUIREMENTS JUSTIFICATIONS OR EXPLANATIONS (See other side if necessary)

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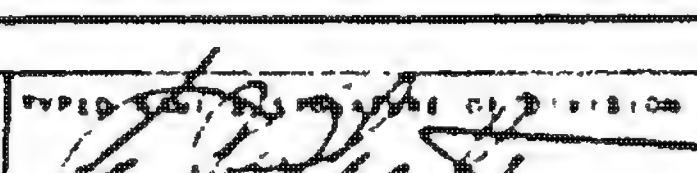
SECRET

<b>CONTRACT INFORMATION AND CHECK LIST</b>		CASE OFFICER [Redacted]	DIVISION NEA
INSTRUCTIONS: Complete all items inserting "NA" when items are not applicable. Forward original and one copy for preparation of contract.		TELEPHONE EXTENSION 3548	DATE 9 May 1957
SECTION I GENERAL			
1. NAME [Redacted]	2. PROJECT PECTATE	3. ALLOTMENT NO.	4. SLOT NO.
5. PREVIOUS CIA PSEUDONYM OR ALIASES [Redacted]	6. INDIVIDUAL IS PRESENTLY ENGAGED OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe and include salary) Staff Agent, WH \$10,535.00		
7. SECURITY CLEARANCE (Type and date) Top Secret, 1 April 1955		8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Staff Agent	
SECTION II PERSONAL DATA			
11. CITIZENSHIP U.S.A.	12. IF NOT U.S. CITIZEN INDIVIDUAL IS PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input type="checkbox"/> NO	13. AGE 34	14. DATE OF BIRTH (Month, day, year) 31 Oct. 1922
15. LEGAL RESIDENCE (City and state or country) 4804 Washburn, Fort Worth, Texas		16. CURRENT RESIDENCE (City and state or country)	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP: Five: Wife and four children		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
20. RESERVE N.A.	21. VETERAN World War II	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat) N.A.	
23. BRANCH OF SERVICE N.A.	24. RANK OR GRADE N.A.	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY 535 GS-142 \$10,320.00	28. POST DIFFERENTIAL \$585.00	29. COVER (Breakdown, if any)	30. TAXES TO BE WITHHELD BY COVER <input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS \$3,000.00	32. POST \$585.00	33. OTHER	
34. COVER (Breakdown, if any)			
SECTION VI TRAVEL			
35. TYPES <input checked="" type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL			36. WITH DEPENDENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH Wife: Helen H. Phillips, U.S., 38, [Redacted] Daughter: Maria Louise Phillips, U.S., 7, [Redacted] Daughter: Atless Young Phillips, U.S., 4, [Redacted] Son: David A. Phillips, Jr., U.S. 5, [Redacted] Child approx. 5 mos., U.S.			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION N.A.	43. ENTERTAINMENT N.A.	44. OTHER N.A.	
45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH			

Present letter OK.

HW - April 57

SECRET

<b>CONTRACT INFORMATION AND CHECK LIST (CONTINUED)</b>		CASE OFFICER  TELEPHONE EXTENSION <b>3548</b>	DIVISION <b>NEA</b>  DATE <b>9 May 1957</b>
NOTE: SEE INSTRUCTIONS ON FIRST SHEET			
SECTION VIII OTHER BENEFITS			
86. BENEFITS (See Part XIV of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested, see B 15-310 or successor regulations.)			
<b>Usual staff employee benefits</b>			
SECTION IX COVER ACTIVITY			
87. STATUS (Check)	PROPOSED <input type="checkbox"/>	ESTABLISHED <input checked="" type="checkbox"/>	88. TYPE (Check)
			PROPRIETARY <input type="checkbox"/>
			CULTURAL <input type="checkbox"/>
			COMMERCIAL <input checked="" type="checkbox"/>
			TOURIST <input type="checkbox"/>
			SUBSIDIZED <input type="checkbox"/>
			EDUCATIONAL <input type="checkbox"/>
			MILITARY <input type="checkbox"/>
			OTHER <input type="checkbox"/>
89. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL			
SECTION X OFFSET OF INCOME			
90. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)			
<input checked="" type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> NONE			
SECTION XI TERM			
91. DURATION		92. EFFECTIVE DATE	
DAYS	MONTHS	YEARS	RENEWABLE
	<b>2</b>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
93. TERMINATION NOTICE (Number of days)		94. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
SECTION XII FUNCTION			
95. PRIMARY FUNCTION (PI, PP, other)			
<b>PP</b>			
SECTION XIII DUTIES			
96. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED			
SECTION XIV QUALIFICATIONS			
97. EXPERIENCE			
<b>PP operations officer in the development, management and supervision of radio broadcasting facilities; professional experience in several media, particularly newspapers and radio.</b>			
98. EDUCATION (Check Highest Level Attained)			
GRADE SCHOOL		HIGH SCHOOL GRADUATE	
BUSINESS SCHOOL GRADUATE		TRADE SCHOOL GRADUATE	
<input checked="" type="checkbox"/> COLLEGE (No degree)		COLLEGE DEGREE	
		POST GRADUATE	
		MA	
		PHD	
99. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)			101. INDIVIDUAL'S COUNTRY OF ORIGIN
LANGUAGE			
SPEAK			
WRITE			
FLUENT AVERAGE POOR			<b>U.S.A.</b>
FLUENT AVERAGE POOR			
FLUENT AVERAGE POOR			
FLUENT AVERAGE POOR			
Spanish			
French			
German			
102. AREA KNOWLEDGE			
<b>Central and South America; North Africa; Italy</b>			
SECTION XV PRIOR EMPLOYMENT			
103. JOB AND SALARY PRIOR TO SERVICE FOR CIA			
<b>Editor and publisher, lecturer, actor and free-lance writer.</b>			
SECTION XVI ADDITIONAL INFORMATION			
104. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (See other side if necessary)			
<b>Assignment to Project PECTATE should be effective 30 April 1957</b>			
<input type="checkbox"/> OVER			
APPROVAL			
DATE	TYPED NAME & SIGNATURE OF DIVISION OFFICER	DATE	TYPED NAME & SIGNATURE OF SENIOR STAFF OFFICER
<b>10 May 57</b>			



TR

CONFIDENTIAL  
(When Filled In)

1. NAME (Last) <i>Phillips</i> (First) <i>David</i> (Middle) <i>A.</i>		2. INFL. DATE <i>7 Dec 55</i>			
3. THE FOLLOWING AGENCY SPONSORED INSURANCE PROGRAMS HAVE BEEN EXPLAINED TO ME					
<input type="checkbox"/> BAR ASSOCIATES EMPLOYEES PROTECTIVE ASSOCIATION (BAEPA)	<input type="checkbox"/> SICK DISEASES *				
<input checked="" type="checkbox"/> GROUP HOSPITALIZATION INCORPORATED (GHI)	<input checked="" type="checkbox"/> INCOME REPLACEMENT *				
<input checked="" type="checkbox"/> MUTUAL BENEFIT OF OHIO - HOSPITALIZATION	* CASH PAYMENT OF PREMIUMS AT THE TIME EMPLOYEE APPLIES FOR INSURANCE MUST COVER THE PERIOD OF TIME HE WILL BE AWAY FROM HEADQUARTERS.				
<input checked="" type="checkbox"/> UNITED LIFE INSURANCE (ULIC)					
<input type="checkbox"/> AIR TRIP INSURANCE					
4. ITINERARY (To be completed only for individuals making application for Air Trip Insurance)					
5. I AM NOW PARTICIPATING, OR WOULD LIKE TO PARTICIPATE IN THE INSURANCE PROGRAM LISTED BELOW.		SIGNATURE OF EMPLOYEE <i>David C. Phillips</i>			
TYPE OF POLICY	DESIRED	NOR HAVE	POLICY NUMBER	DEDUCTIONS AUTHORIZED EACH PAY PERIOD	CASH PAID
<i>Life Insurance</i>		<input checked="" type="checkbox"/>			
<i>Mutual of Omaha Health</i>		<input checked="" type="checkbox"/>	<i>PA</i>	<i>50</i>	
6. I DO NOT ELECT TO PARTICIPATE IN ANY OF THE STATED INSURANCE PROGRAMS		SIGNATURE OF EMPLOYEE			
7. EMPLOYEE INTERVIEWED BY	CPB (Signature) <i>C.T. Chisman</i>	ICD (Signature)			
8. REMARKS					
When completed, the original of this form should be forwarded to T&BB for incorporation in the employee's official personnel folder. The copy should be forwarded to CPB for retention in CPB files.					

INSURANCE QUESTIONNAIRE



TR

CONFIDENTIAL  
(When Filled In)

RESIDENCE AND DEPENDENCY REPORT							
<p><b>INSTRUCTIONS:</b> Submit in duplicate when ordered overseas or whenever designated place of residence, marital or dependency status changes. This information is important in determining travel expenses allowable in connection with leave at Government expense, overseas duty, return to residence upon separation, and in determining transportation expenses allowable in connection with shipment of remains of employee or member of family.</p>							
1. NAME OF EMPLOYEE (Last)		(First)		(Middle)			
Phillips		David		Atlee			
2. RESIDENCE DATA							
PLACE OF RESIDENCE WHEN APPOINTED				LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (if appointed abroad)			
949 Rose Lane, Falls Church, Va.							
PLACE IN CONTINENTAL U.S. DESIGNATED PERMANENT OR LEGAL RESIDENCE							
1804 Washburn, Fort Worth, Texas.							
3. MARITAL STATUS							
<input type="checkbox"/> SINGLE	PLACE OF MARRIAGE			DATE OF MARRIAGE			
<input checked="" type="checkbox"/> MARRIED	Fort Worth, Texas			5 June 1948			
<input type="checkbox"/> DIVORCED	PLACE OF DIVORCE DECREE			DATE OF DIVORCE DECREE			
<input type="checkbox"/> WIDOWED	PLACE SPOUSE DIED			DATE SPOUSE DIED			
4. MEMBERS OF FAMILY							
NAME OF SPOUSE		ADDRESS (Number) (Street) (City) (State)			TELEPHONE		
Helen Hansch Phillips		949 Rose Lane Falls Church Va.			JK-3-9579		
NAMES OF CHILDREN		ADDRESS (Number) (Street) (City) (State)			SEX	AGE	
Maria Louise Phillips		" " " "			Female	6	
David Atlee Phillips, Jr.		" " " "			Male	3	
Atlee Young Phillips		" " " "			Female	2	
NAME OF FATHER (or male guardian)		ADDRESS (Number) (Street) (City) (State)			TELEPHONE		
Deceased							
NAME OF MOTHER (or female guardian)		ADDRESS (Number) (Street) (City) (State)			TELEPHONE		
Deceased							
5. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY							
NAME					RELATIONSHIP		
Edwin T. Phillips, Jr.					Brother		
ADDRESS (Number) (Street)		(City) (State)		TELEPHONE			
1804 Washburn		Fort Worth Texas					
THE PERSONS NAMED IN ITEM 4 ABOVE WILL ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE, DUE TO HEALTH OR OTHER PERTINENT REASONS, PLEASE SO STATE UNDER "REMARKS."							
VOLUNTARY ENTRIES							
THE FOLLOWING AGENCY ENDORSED LIFE AND HOSPITALIZATION INSURANCE POLICIES ARE IN FORCE IN MY NAME: THE "POLICY NO." SHOULD BE ENTERED IF POSSIBLE, SINCE THIS INFORMATION WILL ASSIST IN EXPEDITING ACTION BY THE INSURANCE COMPANY SHOULD A CLAIM BECOME PAYABLE.							
6. FULL NAME OF COMPANY		ADDRESS OF HOME OFFICE			POLICY NO.		
U.S. Government Employee Mutual of Omaha Hospitalization		Washington, D.C. Omaha, Neb.			GIF 1514		
7. I HAVE COMPLETED THE FOLLOWING: BILL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO POWER OF ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
8. REMARKS:							
Power of Attorney to:							
Edwin T. Phillips, Jr. 1804 Washburn, Fort Worth, Texas.							
Edmond K. Rannon Casilla 1250, Santiago, Chile							
SIGNED AT		DATE		SIGNATURE			
Washington, D.C.		27 December 1955		David C. Phillips			

CERTIFICATE OF ATTENDANCE

I certify that on MAY 12 1955 I have attended  
(DATE)  
the Induction Course specified by Regulation 25-110.

Note:  
Displayed unusual alertness at the Induction at Propane on May 12

DAVID A. PHILLIPS

(NAME) - Please print

CLERICAL     STENOGRAPHIC     OTHER

OFFICE 2010 / PP / 130

GS- 14 (Grade)

FORM NO. 118 REPLACES FORM SI-121  
1952 AS SHOWN WHICH MAY BE USED.

## APPOINTMENT AFFIDAVITS

**IMPORTANT.**— Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

WASHINGTON, D. C.

(Bureau or division)

(Place of employment)

I, DAVID A. PHILLIPS, do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

1 April 1955

(Date of entrance on duty)

David A. Phillips  
(Signature of appointee)

Subscribed and sworn before me this 23 day of April, A. D. 1955,

at Washington  
(City)

D. C.  
(State)

[SEAL]

William C. Lindquist  
(Signature of officer)  
DSC 16 & 16a

(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.





SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		DATE OF REQUEST
2. NAME (Last, First, Middle) <b>Phillips, David A.</b>		1. <b>29 Jan 75</b>
3. POSITION TITLE <b>C/LAD</b>		4. GRADE <b>GS-18</b>
5. OFFICE, DIVISION, BRANCH <b>DDO/LA</b>		6. EMPLOYEE'S EXT. <b>5103</b>
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT		
<input type="checkbox"/> ENTRANCE ON DUTY		
<input checked="" type="checkbox"/> TDY STANDBY		
<input type="checkbox"/> SPECIAL TRAINING		
<input type="checkbox"/> ANNUAL		
<input type="checkbox"/> RETURN TO DUTY		
<input type="checkbox"/> FITNESS FOR DUTY		
<input type="checkbox"/> MEDICAL RETIREMENT		
<input type="checkbox"/> HQS/TDY		
<input type="checkbox"/> OVERSEAS ASSIGNMENT		
ETD		
STATION		
TDY OR PCS		
TYPE OF COVER		
NO. OF DEPENDENTS TO ACCOMPANY		
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED		
<input type="checkbox"/> RETURN FROM OVERSEAS		
ETA		
STATION		
NO. OF DEP.'S		
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES		SIGNATURE
<input type="checkbox"/> NO		<b>LA/Trng</b>
		ROOM NO. & BUILDING
		<b>305317 Hqs</b>
		EXT
		<b>7491</b>

10. COMMENTS	
<b>Subject has completed his Executive Annual.</b>	
11. REPORT OF EVALUATION	
<b>Qualified for <del>XXXXXX</del> TDY Standby until 1 October 1975.</b>	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF
<b>4 February 1975</b>	<b>William T. Golder, OMS/Registrar</b>

SECRET

(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST 10 May 1972											
2. NAME (Last, First, Middle) Phillips, David A. (Dependents of)		3. POSITION TITLE COS	4. GRADE GS-17										
5. OFFICE DIVISION, BRANCH		6. EMPLOYEE'S EXT. 7431											
7. PURPOSE OF EVALUATION													
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HDQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"> <tr><td>ETO</td></tr> <tr><td>August 1972</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCS PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO OF DEPENDENTS TO ACCOMPANY Five</td></tr> <tr><td>NO OF DEPENDENTS REPORTS OF MEDICAL HISTORY ATTACHED</td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS <table border="1"> <tr><td>ETA</td></tr> <tr><td>STATION</td></tr> <tr><td>NO OF DEP S</td></tr> </table>		ETO	August 1972	STATION	TDY OR PCS PCS	TYPE OF COVER	NO OF DEPENDENTS TO ACCOMPANY Five	NO OF DEPENDENTS REPORTS OF MEDICAL HISTORY ATTACHED	ETA	STATION	NO OF DEP S
ETO													
August 1972													
STATION													
TDY OR PCS PCS													
TYPE OF COVER													
NO OF DEPENDENTS TO ACCOMPANY Five													
NO OF DEPENDENTS REPORTS OF MEDICAL HISTORY ATTACHED													
ETA													
STATION													
NO OF DEP S													
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER											
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <p style="font-size: 2em; font-weight: bold; text-align: center;">DEPENDENT</p>		SIGNATURE											
<p style="text-align: right;">10 July 0900 12 July 1300 12 July 0800 27 Jul 0900 28 Jul 1300 20 Jul 1300</p>		ROOM NO. & BUILDING 3D 5309 Hqs											
		EXT 7431											

10. COMMENTS Please schedule appointments for the week of 10 July.			
Virginia S. wife	26 Feb 43	Wynne Aughterton <sup>WIFE</sup> <del>son</del>	12 Sep 64
Deborah Anne <sup>WIFE</sup> <del>daughter</del>	25 Dec 59	Todd <sup>son</sup>	3 Aug 70
Bryan Moss <sup>WIFE</sup> <del>son</del>	31 Dec 60	<del>son</del>	28 Dec 56
11. REPORT OF EVALUATION QUALIFIED FOR PCS		67 31 70-Tan 52	
DATE SPERRY PRESTON		SIGNATURE FOR CHIEF OF MEDICAL STAFF	

FORM 259 USE PREVIOUS EDITIONS

SECRET

15 MAY 1972

15 MAY 1972



SECRET

(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		DATE OF REQUEST 17 October 1969	
2. NAME (Last, First, Middle) Phillips, David A. (dependents)		3. POSITION TITLE Branch Chief	
5. OFFICE, DIVISION, BRANCH DDP/III/COG		4. GRADE GS-16	
		6. EMPLOYEE'S EAT. 7451	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HDQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT	FTD o/a 28 December 1969 STATION TDY OR PCS PCS NO. OF DEPENDENTS TO ACCOMPANY 7 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SC 89) ATTACHED To be forwarded	
		<input type="checkbox"/> RETURN FROM OVERSEAS FTA STATION NO. OF DEP.'S	
	8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
	<input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO	SIGNATURE [Redacted] <b>MI Personnel</b>	
		ROOM NO. & BUILDING 305309 16a	EXT. 6815

10. COMMENTS Virginia S. - wife - [Redacted] <del>_____</del> 112 31 63 <del>_____</del>	
Christopher Clark - son - [Redacted]	Bryan Moss - son - [Redacted]
DeSPERRY, PASTOR - [Redacted]	Lynn Auerherton - son - [Redacted]
11. REPORT OF EVALUATION QUALIFIED OS PCS 112 31 63	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET

SECRET

1. NAME (Last, First, Middle) <b>Phillips, David A.</b>		2. DATE OF BIRTH <b>10/31/22</b>	3. GRADE <b>GS-16</b>
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) <b>DDP/VR/COG</b>		5. PRESENT POSITION <b>Branch Chief</b>	6. EMPLOYEE EXTENSION <b>7451</b>
7. PROPOSED STATION  	8. PROPOSED POSITION (Title, Number, Grade) <b>COB, # 0156, GS-00</b>		
9. TYPE OF COVER AT NEW STATION <b>State</b>	10. ESTIMATED DATE OF DEPARTURE <b>c/a 28 Dec. '69</b>	11. NO. OF DEPENDENTS TO ACCOMPANY <b>7</b>	
12. COMMENTS <b>Vice Robert D. Cahagan</b> <b>Form DS-1688 to be forwarded</b>			
13. DATE OF REQUEST	14. SIGNATURE OF REQUESTING OFFICIAL  	15. ROOM NUMBER AND BUILDING <b>3D 3300</b>	16. EXTENSION <b>6813</b>
17. OFFICE OF MEDICAL SERVICES DISPOSITION  <b>MEDICALLY QUALIFIED FOR PROPOSED OS PCS.</b>  <b>DONALD FARLEY</b>			
18. OFFICE OF SECURITY DISPOSITION <b>12 24 69</b>			
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION			
<b>REQUEST FOR PCS OVERSEAS EVALUATION</b>			

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) <b>PHILLIPS, David A.</b>	3. POSITION TITLE <b>Ops Officer</b>	4. GRADE <b>GS-15</b>
5. OFFICE, DIVISION, BRANCH <b>DDP/MI/COO</b>		6. EMPLOYEE'S EXT.
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> HQS/TDY	<input type="checkbox"/> OVERSEAS ASSIGNMENT
<input type="checkbox"/> ENTRANCE ON DUTY	ETA <b>22 May - 5 June 1968</b>	
<input type="checkbox"/> TDY STANDBY	STATION <b>Mexico City</b>	
<input type="checkbox"/> SPECIAL TRAINING	TDY OR PCS <b>TDY</b>	
<input type="checkbox"/> ANNUAL	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (IF ANY) ATTACHED	
<input type="checkbox"/> RETURN TO DUTY	<input type="checkbox"/> RETURN FROM OVERSEAS	
<input type="checkbox"/> FITNESS FOR DUTY	ETA	
<input type="checkbox"/> MEDICAL RETIREMENT	STATION	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES	SIGNATURE	
<input type="checkbox"/> NO	ROOM NO. & BUILDING <b>305309</b>	EXT. <b>1516</b>

10. COMMENTS	
11. REPORT OF EVALUATION	
DATE	
SIGNATURE FOR CHIEF OF MEDICAL STAFF	

CLASSIFIED FOR PROTECTIVE

TDY  
RDX HART



SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST						
2. NAME (Last, First, Middle) <b>Phillips, David</b>		4. GRADE <b>GS-15</b>						
3. POSITION TITLE		6. EMPLOYEE'S EXT.						
5. OFFICE, DIVISION, BRANCH <b>WH</b>								
7. PURPOSE OF EVALUATION								
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> NDQS/TDY	<table border="1"><tr><td>ETD</td></tr><tr><td>STATION</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED</td></tr></table>	ETD	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED
ETD								
STATION								
TDY OR PCS								
TYPE OF COVER								
NO. OF DEPENDENTS TO ACCOMPANY								
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED								
<input type="checkbox"/> ENTRANCE ON DUTY	<input type="checkbox"/> OVERSEAS ASSIGNMENT							
<input type="checkbox"/> TDY STANDBY								
<input type="checkbox"/> SPECIAL TRAINING								
<input checked="" type="checkbox"/> ANNUAL - Executive								
<input type="checkbox"/> RETURN TO DUTY	<input type="checkbox"/> RETURN FROM OVERSEAS							
<input type="checkbox"/> FITNESS FOR DUTY	<table border="1"><tr><td>ETA</td></tr><tr><td>STATION</td></tr><tr><td>NO. OF DEP.'S</td></tr></table>	ETA	STATION	NO. OF DEP.'S				
ETA								
STATION								
NO. OF DEP.'S								
<input type="checkbox"/> MEDICAL RETIREMENT								
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER						
<input type="checkbox"/> YES	SIGNATURE							
<input type="checkbox"/> NO	ROOM NO. & BUILDING	EXT.						
10. COMMENTS								
11. REPORT OF EVALUATION								
DATE								
SIGNATURE FOR CHIEF OF MEDICAL STAFF								

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		DATE OF REQUEST	
2. NAME (Last, First, Middle) <b>PHILLIPS, David A.</b> (Dep's of )		3. POSITION TITLE <b>Ops Off</b>	4. GRADE <b>GS-15</b>
5. OFFICE, DIVISION, BRANCH <b>DDP/WH/3</b>		6. EMPLOYEE'S EXT. <b>5909</b>	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT		<input type="checkbox"/> TDY/TDY	
<input type="checkbox"/> ENTRANCE ON DUTY		<input type="checkbox"/> OVERSEAS ASSIGNMENT	
<input type="checkbox"/> TDY STANDBY		PTD	
<input type="checkbox"/> SPECIAL TRAINING		STATION	
<input type="checkbox"/> ANNUAL		TDY ON PCS	
<input type="checkbox"/> RETURN TO DUTY		TYPE OF COVER	
<input type="checkbox"/> FITNESS FOR DUTY		NO. OF DEPENDENTS TO ACCOMPANY	
<input type="checkbox"/> MEDICAL RETIREMENT		NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF #1) ATTACHED	
MEDICAL Y QUALIFY RETURNS BACK WARE		<input checked="" type="checkbox"/> RETURN FROM OVERSEAS	
		ETA	
		STATION	
		Five	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES		SIGNATURE	
<input type="checkbox"/> NO		ROOM NO. & BUILDING	
		EXT.	
10. COMMENTS Wife: Helen F. Dau: Maria L. DOB [redacted] Son: David A DOB [redacted] Son: Atlee I DOB [redacted] Son: Christopher DOB [redacted]			
11. REPORT OF EVALUATION			
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
2. NAME (Last, First, Middle) Phillips, David A.		31 October 1966	
3. POSITION TITLE	4. GRADE OS-	5. EMPLOYEE'S EXT. 5903	
6. OFFICE, DIVISION, BRANCH COB (W)			
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> HQS/TDY	<input type="checkbox"/> OVERSEAS ASSIGNMENT  ETA STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	
<input type="checkbox"/> ENTRANCE ON DUTY	<input type="checkbox"/> RETURN FROM OVERSEAS		ETA STATION NO. OF DEP.'S
<input type="checkbox"/> TDY STANDBY			
<input type="checkbox"/> SPECIAL TRAINING			
<input checked="" type="checkbox"/> ANNUAL - Executive			
<input type="checkbox"/> RETURN TO DUTY			
<input type="checkbox"/> FITNESS FOR DUTY			
<input type="checkbox"/> MEDICAL RETIREMENT			
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE	
		ROOM NO. & BUILDING	
		EXT.	

10. COMMENTS	
QUALIFIED FOR CURRENT DUTIES	
11. REPORT OF EVALUATION	
REX HART	
DATE 12 1 66	SIGNATURE FOR CHIEF OF MEDICAL STAFF



SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) <b>PHILLIPS, David A.</b>		3. POSITION TITLE <b>Ops Ofcr</b>
5. OFFICE, DIVISION, BRANCH <b>DDP/WH/3</b>		4. GRADE <b>15</b>
		6. EMPLOYEE'S EXT. <b>x5909</b>
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT	<input checked="" type="checkbox"/> NDQS/TDY	ETD <b>3 July 64</b>
<input type="checkbox"/> ENTRANCE ON DUTY	<input type="checkbox"/> OVERSEAS ASSIGNMENT	STATION <b>Return to Mexico City</b>
<input type="checkbox"/> TDY STANDBY		TDY OR PCS <b>PCS</b>
<input type="checkbox"/> SPECIAL TRAINING		TYPE [ ]
<input type="checkbox"/> ANNUAL		NO. OF DEPENDENTS TO ACCOMPANY <b>5</b>
<input type="checkbox"/> RETURN TO DUTY	<input checked="" type="checkbox"/> RETURN FROM OVERSEAS	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 69) ATTACHED <b>-0</b>
<input type="checkbox"/> FITNESS FOR DUTY		ETA <b>30 June 64</b>
<input type="checkbox"/> MEDICAL RETIREMENT		STATION <b>Mexico City, Mexico</b>
		NO. OF DEP.'S <b>5</b>
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	SIG [ ]
		[ ] <b>WH/Pers Ofcr</b>
		ROOM NO. & BUILDING <b>GH 4407 Hqs</b>
		EXT. <b>x5909</b>

10. COMMENTS <b>Will be in Hqs beginning 30 June until 3 July for TDY.</b>	
11. REPORT OF EVALUATION <b>QUALIFIED FOR PROPOSED O'SOD</b> <b>PCS</b> <b>JOE W. CLINE</b>	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF [ ]

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
2. NAME (Last, First, Middle) <b>PHILLIPS, DAVID A.</b>		3. POSITION TITLE <b>COS</b>	4. GRADE <b>15</b>
5. OFFICE, DIVISION, BRANCH <b>DDP/WH/BRANCH 2</b>		6. EMPLOYEE'S EXT. <b>6576</b>	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  ETO <b>LATERAL TRANSFER</b> STATION _____ TDY OR PCS <b>PCS</b> _____ NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SP 89) ATTACHED <b>5</b> <b>0</b>  <input type="checkbox"/> RETURN FROM OVERSEAS  ETA <b>LATERAL TRANSFER</b> STATION <b>MEXICO CITY, MEXICO</b> NO. OF DEP.'S <b>5</b>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE _____ <b>WH/PERSONNEL</b> ROOM NO. & BUILDING <b>GH 56</b> EXT. <b>6576</b>	
10. COMMENTS  <b>MR. PHILLIPS IS A DIRECT TRANSFER.</b>  <b>QUALIFIED FOR PROPOSED PCS</b>			
11. REPORT OF EVALUATION  <b>JOE W. CLINE</b>			
DATE  <b>17 30 65</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF  _____	

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
2. NAME (Last, First, Middle) PHILLIPS, David A.		3. POSITION TITLE Ops Officer	4. GRADE GS-14
5. OFFICE, DIVISION, BRANCH DDP/WHD		6. EMPLOYEE'S EXT. 8242	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input checked="" type="checkbox"/> OVERSEAS RETURN  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> RECALL <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  ETD 16 August 1961 STATION Mexico City TDY OR PCS PCS T  NO. OF DEPENDENTS TO ACCOMPANY five NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED  <input type="checkbox"/> RETURN FROM OVERSEAS  EIA STATION NO. OF DEPS  Subject's last physical exam was more than a year ago.	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE  ROOM NO. & BUILDING 1104 Barton Hall EXT. 8242	
10. REPORT OF EVALUATION COMMENTS			
11. REPORT OF EVALUATION			
DATE 10 AUG 1961		SIGNATURE FOR CHIEF OF MEDICAL STAFF	



SECRET

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>12 April 1960</b>												
2. NAME (Last, First, Middle) <b>PHILLIPS, David Atlas</b>		3. POSITION TITLE												
3. OFFICE, DIVISION, BRANCH <b>Washington, D. C.</b>		4. GRADE <b>GS-14</b>												
		5. EMPLOYEE'S EXT. <b>2960</b>												
7. PURPOSE OF EVALUATION														
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> OVERSEAS RETURN  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1"> <tr><td>ETD</td><td><b>15 April 1960</b></td></tr> <tr><td>STATION</td><td><b>WH Area</b></td></tr> <tr><td>TDY OR PCS</td><td><b>TDY</b></td></tr> <tr><td>TYPE OF COVER</td><td><b>None</b></td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td><td><b>None</b></td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 82) ATTACHED</td><td></td></tr> </table>	ETD	<b>15 April 1960</b>	STATION	<b>WH Area</b>	TDY OR PCS	<b>TDY</b>	TYPE OF COVER	<b>None</b>	NO. OF DEPENDENTS TO ACCOMPANY	<b>None</b>	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 82) ATTACHED	
ETD	<b>15 April 1960</b>													
STATION	<b>WH Area</b>													
TDY OR PCS	<b>TDY</b>													
TYPE OF COVER	<b>None</b>													
NO. OF DEPENDENTS TO ACCOMPANY	<b>None</b>													
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 82) ATTACHED														
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER												
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE 												
		ROOM NO. & BUILDING <b>1014 Barton</b>												
		EXT. <b>8717</b>												
10. REPORT OF EVALUATION														
DATE <b>81 APR 1960</b>	SIGNATURE FOR CHIEF OF MEDICAL STAFF 													

SECRET  
(When Filled In)

CS/

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST							
2. NAME (Last, First, Middle) PHILLIPS, DAVID A.		3. POSITION TITLE OPB O-10	4. GRADE O-10						
5. OFFICE, DIVISION, BRANCH INSP/TR CS/C Developments Command		6. EMPLOYEE'S EXT.							
7. PURPOSE OF EVALUATION									
<input type="checkbox"/> PRE-EMPLOYMENT  <input checked="" type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> OVERSEAS RETURN  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1"> <tr><td>ETD</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table>		ETD	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED
ETD									
STATION									
TDY OR PCS									
TYPE OF COVER									
NO. OF DEPENDENTS TO ACCOMPANY									
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED									
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER							
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE  ROOM NO. & BUILDING EXT.							

*my own from S. T. P. S. E.*

10. REPORT OF EVALUATION	
PLEASE PRINT QUALIFIED LOW FROM S. T. P. S. E.	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST						
2. NAME (Last, First, Middle) PHILLIPS, DAVID A.		3. POSITION TITLE OPS O-VI-VI						
5. OFFICE, DIVISION, BRANCH DEPT/HR CE/C Development Consultant		4. GRADE GS-11						
6. EMPLOYEE'S EXT.								
7. PURPOSE OF EVALUATION								
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> OVERSEAS ASSIGNMENT							
<input checked="" type="checkbox"/> ENTRANCE ON DUTY	<table border="1"><tr><td>ETO</td></tr><tr><td>STATION</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr></table>	ETO	STATION	TDY OR PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	
ETO								
STATION								
TDY OR PCS								
TYPE OF COVER								
NO. OF DEPENDENTS TO ACCOMPANY								
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED								
<input type="checkbox"/> OVERSEAS RETURN								
<input type="checkbox"/> TDY STANDBY								
<input type="checkbox"/> SPECIAL TRAINING								
<input type="checkbox"/> ANNUAL								
<input type="checkbox"/> RETURN TO DUTY								
<input type="checkbox"/> FITNESS FOR DUTY								
<input type="checkbox"/> MEDICAL RETIREMENT								
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER						
<input type="checkbox"/> YES	<input type="checkbox"/> NO	SIGNATURE						
		ROOM NO. [ ] EXT. [ ]						

10. REPORT OF EVALUATION	
PLEASE EXPEDITE	
DEPARTMENTAL DUTIES	
<i>See official Commission from SA to SA</i>	
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFFS
24 MAR 1960	<i>[Signature]</i>



SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) PHILLIPS, DAVID A.	3. POSITION TITLE O/S O-PL-NG	4. GRADE GS-11
5. OFFICE, DIVISION, BRANCH DWP/PH GS/CL Development Component		6. EMPLOYEE'S EXT.
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> OVERSEAS ASSIGNMENT	
<input checked="" type="checkbox"/> ENTRANCE ON DUTY	ETD	
<input type="checkbox"/> OVERSEAS RETURN	STATION	
<input type="checkbox"/> TDY STANDBY	TDY OR PCS	
<input type="checkbox"/> SPECIAL TRAINING	TYPE OF COVER	
<input type="checkbox"/> ANNUAL	NO. OF DEPENDENTS TO ACCOMPANY	
<input type="checkbox"/> RETURN TO DUTY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	
<input type="checkbox"/> FITNESS FOR DUTY		
<input type="checkbox"/> MEDICAL RETIREMENT		
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES	SIGNATURE	
<input type="checkbox"/> NO	ROOM NO. & BUILDING	
	POB [ ] 1501 Curle	EXT. 8372
10. REPORT OF EVALUATION		
PLEASE EXPLORE		
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) PHILLIPS, JAYD A. (DEPENDENTS)		3. POSITION TITLE O S OFFER
4. GRADE 14		5. EMPLOYEE'S EXT.
6. OFFICE, DIVISION, BRANCH IDP/WH CS/IS Development Complement		
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> OVERSEAS ASSIGNMENT	
<input type="checkbox"/> ENTRANCE ON DUTY	ETD	
<input type="checkbox"/> OVERSEAS RETURN	STATION	
<input type="checkbox"/> TOY STANDBY	TOY OR PCS	
<input type="checkbox"/> SPECIAL TRAINING	TYPE OF COVER	
<input type="checkbox"/> ANNUAL	NO. OF DEPENDENTS TO ACCOMPANY	
<input type="checkbox"/> RETURN TO DUTY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	
<input type="checkbox"/> FITNESS FOR DUTY		
<input type="checkbox"/> MEDICAL RETIREMENT		
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input type="checkbox"/> YES	SIGNATURE	
<input type="checkbox"/> NO	POD [ ]	
ROOM NO. & BUILDING 1504 Curie		EXT. 8371
10. REPORT OF EVALUATION		
PLEASE EXPEDITE (DEPENDENTS)		
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT		
I REQUEST FOR PHYSICAL EXAMINATION BY <i>Ralph S. Pollock, C/CPD</i>		
1. NAME (Last) <b>PHILLIPS, DAVID A.</b>	(First) (Middle)	2. DATE <b>20 Jan 56</b>
3. TO POSITION <b>Operations Officer (PP)</b>	4. OFFICE, DIVISION, BRANCH <b>DDP/41</b>	5. GRADE <b>GS-14</b>
6. TYPE OF POSITION <input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas	7. EVALUATE FOR <input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas <input type="checkbox"/> Returnee <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify) <b>Please notify Ken Vambold only, 2508 Curle Hall, x3585</b>	
II REPORT OF MEDICAL EVALUATION		
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Qualified for Departmental Duty Only <input type="checkbox"/> Disqualified		
Remarks: <b>Subject is qualified for proposed PCS O/S assignment. (1-16-56)</b>		
<i>C. O. [Signature]</i> MEDICAL OFFICE		

SECRET  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT		
I REQUEST FOR PHYSICAL EXAMINATION BY		
1. NAME (Last) <b>Phillips,</b>	(First) (Middle) <b>David A.</b>	2. DATE <b>12 Dec., 1955</b>
3. TO POSITION	4. OFFICE, DIVISION, BRANCH <b>WH</b>	5. GRADE <b>GS-12</b>
6. TYPE OF POSITION <input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input type="checkbox"/> Overseas	7. EVALUATE FOR <input type="checkbox"/> EOD <input type="checkbox"/> Overseas <input type="checkbox"/> Returnee <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)	
II REPORT OF MEDICAL EVALUATION		
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Qualified for Departmental Duty Only <input type="checkbox"/> Disqualified		
Remarks: <b>Subject is qualified for proposed 7 days TDY assignment. (12/12/55) Must have a physical examination on return from trip. This memo supersedes previous qualification.</b>		
<i>[Signature]</i> MEDICAL OFFICE		



SECRET  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT			
I. REQUEST FOR PHYSICAL EXAMINATION BY			
1. NAME (Last, First, Middle) PHILLIPS DAVID ATLEE		2. DATE 30 Dec 1955	
3. TO POSITION Ops Officer		4. OFFICE, DIVISION, BRANCH N.H.	
5. GRADE GS-14		6. TYPE OF POSITION <input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas Cuba	
7. EVALUATE FOR <input type="checkbox"/> EOD <input type="checkbox"/> Overseas <input type="checkbox"/> Returnee		<input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)	
E.T.D. 17 Feb 1956 PCS			
II. REPORT OF MEDICAL EVALUATION			
<input type="checkbox"/> Qualified for Full Duty (General)		<input type="checkbox"/> Qualified for Full Duty (Special)	
<input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Disqualified	
Remarks: Subject is qualified for proposed PCS O/S assignment. (1/16/56)			
MEDICAL OFFICE			

SECRET

MEDICAL ACTION REQUEST AND REPORT			
I. REQUEST FOR PHYSICAL EXAMINATION BY			
1. NAME (Last, First, Middle) <del>XXXXXXXX</del> PHILLIPS, DAVID A.		2. DATE 2 August 1954	
3. TO POSITION		4. OFFICE, DIVISION, BRANCH WH	
5. GRADE GS 12		6. TYPE OF POSITION <input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas	
7. EVALUATE FOR <input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas <input type="checkbox"/> Returnee		<input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)	
II. REPORT OF MEDICAL EVALUATION			
<input checked="" type="checkbox"/> Qualified for Full Duty (General)		<input type="checkbox"/> Qualified for Full Duty (Special)	
<input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Disqualified	
Remarks: WH #1 Full duty/General (8-9-54)			
Mr. GAHAGAN x 3995			





CERTIFICATION OF LANGUAGE PROFICIENCY												
1. EMPLOYEE NO.		2. NAME (LAST-FIRST-MIDDLE)				3. TYPE CHANGE			4. LANGUAGE DATA BEFORE TEST			
		PHILLIPS, DAVID A.				SPACE CHANGE DELETE			LAN. CODE R W P S U T YR			
7. LANGUAGE DATA AFTER TEST						6. DATE TESTED		7. DATE OF BIRTH		8. OFFICE OR DIVISION		
LAN. CODE		R	W	P	S	U	T	YR	12/18/60		10/31/22	
									16		WE	
NOTICE TO PERSON TESTED												
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN											SE 11	
AND YOUR TEST SCORES ARE AS FOLLOWS:											(NAME OF LANGUAGE)	
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS		
I		+		+		+		+		0 = ZERO 1 = INTERMEDIATE S = SLIGHT 2 = HIGH E = ELEMENTARY N = NATIVE		
11. REMARKS								12. SIGNATURE				
								K. A. P.				
								13. LO NUMBER				
								17603				

FORM 11-64 1273 OBSOLETE PREVIOUS EDITIONS (110-45) SECRET GROUP 1 EXCLUDES FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION I - OP/CAS

370111  
(370111-10) Phillips, David A.

QUALIFICATIONS SYSTEM RECORD CHANGE																	
APPLICANT CODING DATA																	
1. ID		2. APPL. NO.			3. NAME												
< 2		0-DIGITS			MUST CONTAIN 20-DIGITS												
4. DATE OF BIRTH				5. DATE CODED				THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.									
MO	DA	YR	NO	DA	YR												
LANGUAGE CODING DATA - FORM 444c																	
1. ID		2. EMPLOYEE NO.		3. NAME			4. LANGUAGE DATA CODE										
< 3				3-LETTERS			BASE CODE		R	W	P	S	U	T	YR		
5. DATE SUBMITTED				6. DATE OF BIRTH				WHEN FORM 444c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO+LANGUAGE" (12-DIGITS)									
MO	DA	YR	MO	DA	YR												
LANGUAGE PROFICIENCY TEST DATA																	
1. ID		2. EMPLOYEE NO.		3. NAME			4. CODE		5. LANGUAGE DATA BEFORE TEST								
< 5		024345		PHI			C-2-D		BASE CODE		R	W	P	S	U	T	YR
							C		BK5		E	S	1	1	4	61	
6. LANGUAGE DATA AFTER TEST								17. DATE OF TEST			DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AWARDS DATA.						
BASE CODE		R	W	P	S	U	T	YR	MO	DA			YR				
BK5		F	T					4	61	16	3						

3704  
1964

The authorization to process this employee's disclaim of proficiency in the language factors indicated on this form is contained in a memorandum on file and designated "Language Proficiency Disclaim File", located in the Qualifications Analysis Branch, Office of Personnel.



# PERSONAL HISTORY STATEMENT

## INSTRUCTIONS

- DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS -

1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
2. Type or print carefully - USE BLACK TYPEWRITER RIBBON OR BLACK INK.
3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
4. Consider each of your answers carefully, accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will help to speed the processing of your application.

### SECTION I GENERAL PERSONAL AND PHYSICAL DATA

GENERAL	1. Full Name (Last first middle) Amern, Virginia, Simmons		2. Age 26	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Social Security Number
	5. Nicknames Gina		6. Other names you have used N/A			
	7. Indicate circumstances (including length of time) under which you have used the names noted in item 6 above N/A					
	8. If legal change of name, give particulars (Where and by what authority) N/A					
	9. Height 5' 3"	10. Weight 105	11. Color of eyes green	12. Color of hair blond	13. Type of complexion fair	14. Build slight
	15. Scars (Type and location) appendix, stomach			16. Other distinguishing physical features N/A		
	17. Current address (No., Street, City, State & ZIP code - country if not U.S.) 9741 Corral Dr., Potomac, Maryland 20854			18. Current phone number 299-5862	19. Long distance area code 301	
	20. Permanent address (No., Street, City, State & ZIP code - country if not U.S.) 9741 Corral Dr., Potomac, Maryland 20854			21. Permanent phone number 299-5862	22. Long distance area code 301	
	23. Office phone number 332-2730		24. Office extension N/A	25. Legal residence (State, territory or country) Maryland		

### SECTION II POSITION DATA

POSITION DATA	1. Indicate the type of work or position for which you are applying		
	2. Indicate the lowest annual entrance salary you will accept \$ _____	3. Dates available for employment Earliest _____ Latest _____	
	4. Indicate your willingness to travel Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Constantly <input type="checkbox"/> Other (Specify) _____	5. Indicate your willingness to accept assignments in the following locations - check (X) each item applicable	
		<input type="checkbox"/> Washington, D.C.	<input type="checkbox"/> Outside continental U.S.
	6. Indicate any restrictions you would place on assignments outside the Washington, D.C. area		
(For Office Use Only)		Date of this application	

**SECTION III CITIZENSHIP**

1. Date of birth	2. Place of birth (City, State, Country) <b>Philadelphia, Pennsylvania</b>	3. Present citizenship (Country) <b>U.S.</b>
4. Citizenship acquired by: <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other (Specify)	5. Date naturalized <b>N/A</b>	6. Naturalization certificate number <b>N/A</b>
7. Court issuing naturalization certificate <b>N/A</b>	8. Issued at (City, State, Country) <b>N/A</b>	
9. If alien, give alien registration number <b>N/A</b>	10. Date and place of arrival in U.S. <b>N/A</b>	
11. Have you held previous nationality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12. If yes, give name of country <b>N/A</b>	
13. Give particulars concerning previous nationalities  <b>N/A</b>		
14. Last U.S. visa (Number, type, place of issue) <b>N/A</b>		15. Date visa issued <b>n/a</b>

**SECTION IV EDUCATION**

**ELEMENTARY SCHOOL**

1. Name of elementary school	Address (City, State, Country)	Years attended (From - to -)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------	--------------------------------	------------------------------	-------------------------------------------------------------------------

**HIGH SCHOOLS**

1. Name of high school	Address (City, State, Country)	Years attended (From - to -)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name of high school	Address (City, State, Country)	Years attended (From - to -)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No

**COLLEGE OR UNIVERSITY STUDY**

Name and location of college or university	Subject		Years attended From - to -	Degree Received	Year Entered	Grade or Point Average	Number of Sem./Qtr. Hours (Specify)
	Major	Minor					
1.							
2.							
3.							

4. If a graduate degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content

**TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS**

Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				
4.				



EDUCATION (Continued)				
MILITARY TRAINING IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, COMMUNICATIONS, ETC.				
Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				
Other education or training not indicated above				

SECTION V FOREIGN LANGUAGE ABILITIES																									
<p>1. List below the foreign language or languages in which you possess any degree of competence. Indicate your proficiency in each of the five skill factors shown (reading comprehension, writing ability, etc.) by noting the number most indicative of your level of skill under the factor being considered.</p> <p>If your proficiency relates to a particular dialect of a major language, identify this dialect by noting it in parentheses after the language on the same line.</p> <p>If you have no proficiency in any foreign language, check (X) box at right and leave other items blank. <input type="checkbox"/></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Level of Skill</th> </tr> <tr> <td style="text-align: center;">(Slight)</td> <td style="text-align: center;">(Native)</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td colspan="2" style="text-align: center;">0 = No proficiency in a specific skill factor</td> </tr> <tr> <th style="text-align: center;">SKILL FACTORS</th> <th style="text-align: center;">HOW ACQUIRED (Check (X) Boxes which apply)</th> </tr> <tr> <td style="text-align: center;">Reading comprehension</td> <td style="text-align: center;">Native of country</td> </tr> <tr> <td style="text-align: center;">Writing ability</td> <td style="text-align: center;">Prolonged residence</td> </tr> <tr> <td style="text-align: center;">Pronunciation</td> <td style="text-align: center;">Contact (with parents, etc.)</td> </tr> <tr> <td style="text-align: center;">Conversational ability</td> <td style="text-align: center;">Academic study</td> </tr> <tr> <td style="text-align: center;">Oral comprehension</td> <td></td> </tr> </table>	Level of Skill		(Slight)	(Native)	1	5	2	4	3	3	0 = No proficiency in a specific skill factor		SKILL FACTORS	HOW ACQUIRED (Check (X) Boxes which apply)	Reading comprehension	Native of country	Writing ability	Prolonged residence	Pronunciation	Contact (with parents, etc.)	Conversational ability	Academic study	Oral comprehension	
Level of Skill																									
(Slight)	(Native)																								
1	5																								
2	4																								
3	3																								
0 = No proficiency in a specific skill factor																									
SKILL FACTORS	HOW ACQUIRED (Check (X) Boxes which apply)																								
Reading comprehension	Native of country																								
Writing ability	Prolonged residence																								
Pronunciation	Contact (with parents, etc.)																								
Conversational ability	Academic study																								
Oral comprehension																									
<p>2. If you have had experience as a translator, interpreter or instructor - explain and specify in which language(s) you have had such experience.</p>																									
<p>3. Describe your ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, military and other specialized fields</p>																									
<p>4. If you have noted a proficiency in language, would you be willing to use this ability in any position for which you might be selected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																									
<p>(For Office Use Only)</p>																									

**THIS SHEET MUST BE COMPLETED**





**SECTION XVII MOTHER-IN-LAW** (If marriage contemplated, fill in information for future mother in law)

1. Full name (Last - First - Middle - Maiden)

2. State other names she has used

Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.

3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death	7. Cause of death	8. Citizenship (Country)
9. Former citizenship(s) (country/ies)	10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number	13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Occupation	16. Present employer (Give last employer if mother-in-law deceased or unemployed)	
17. Current address (Give last address, if deceased)		

**SECTION XVIII RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT**

(1)	1. Name (Last - First - Middle) <b>Simmons, George Stuart</b>	2. Relationship <b>Grandfather</b>	3. Date of birth <b>3-17-84</b>	4. Place of birth (City, State, Country) <b>San Francisco, Calif</b>
	5. Citizenship (Country) <b>U.S.</b>	6. Address or country in which relative resides <b>4143 Unterer Zielweg 111, Dornach, Switzerland</b>		
	7. Employed by <b>N/A</b>	8. Frequency of contact <b>none</b>	9. Date of last contact <b>1961</b>	
(2)	1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
	5. Citizenship (Country)	6. Address or country in which relative resides		
	7. Employed by	8. Frequency of contact	9. Date of last contact	
(3)	1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
	5. Citizenship (Country)	6. Address or country in which relative resides		
	7. Employed by	8. Frequency of contact	9. Date of last contact	

**SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES**

(1)	1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
	5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)		7. Type and location of service (if known)
	1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
(2)	5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)		7. Type and location of service (if known)
	1. Name (Last - First - Middle)	2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
	5. Citizenship (Country)	6. Address (Number, Street, City, State, Country)		7. Type and location of service (if known)

(For Office Use Only)

THIS SHEET MUST BE COMPLETED

Use the following space for extra details. Reference each continued item by the section and item number to which it relates and sign your name at the end of the material. If additional space is required beyond page 16, use extra pages the same size as this page and sign each such page.

**SECTION XI    MARITAL STATUS    FORMER HUSBAND**

- |                                                                              |         |                                                                           |
|------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------|
| 3. Ahorn, Thomas Joseph                                                      | 21.     | <div style="border: 1px solid black; width: 200px; height: 100px;"></div> |
| 4. N/A                                                                       | 22.     |                                                                           |
| 5. 4-12-40                                                                   | 23.     |                                                                           |
| 6. Washington, D.C.                                                          | 24. N/A |                                                                           |
| 7. 4-6-59                                                                    | 25. N/A |                                                                           |
| 8. Hyattsville, Maryland                                                     | 26. N/A |                                                                           |
| 9. yes                                                                       | 27. N/A |                                                                           |
| 10. U.S.                                                                     |         |                                                                           |
| 11. N/A                                                                      |         |                                                                           |
| 12. N/A                                                                      |         |                                                                           |
| 13. N/A                                                                      |         |                                                                           |
| 14. N/A                                                                      |         |                                                                           |
| 15. N/A                                                                      |         |                                                                           |
| 16. N/A                                                                      |         |                                                                           |
| 17. N/A                                                                      |         |                                                                           |
| 18. N/A                                                                      |         |                                                                           |
| 19. <div style="border: 1px solid black; width: 400px; height: 20px;"></div> |         |                                                                           |
| 20. 4622 Hunt Avenue, Chevy Chase, Maryland                                  |         |                                                                           |

(Signature)

Space for extra details continued on page 16 →



PERSONAL HISTORY STATEMENT — (Appendix I)

Listed below are names of organizations identified by the Attorney General, under his responsibility pursuant to Executive Order 10450, dated 27 April 1953, to list the names of each foreign or domestic organization, association, movement, group or combination of persons which he designates as Totalitarian, Fascist, Communist, or subversive, or as having adopted or having shown a policy of advocating or approving the commission of acts of force or violence to deny others their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means.

Each applicant or employee and spouse (if any) must review the following list of organizations for certification purposes, and sign on the last page.

<p>Abraham Lincoln Brigade            Abraham Lincoln School, Chicago, Illinois            Action Committee to Free Spain Now            Alabama People's Educational Association (see Communist Political Association)            American Association for Reconstruction in Yugoslavia, Inc.            American Branch of the Federation of Greek Maritime Unions            American Christian Nationalist Party            American Committee for European Workers' Relief (see Socialist Workers Party)            American Committee for Protection of Foreign Born            American Committee for Spanish Freedom            American Committee for the Settlement of Jews in Birobidjan, Inc.            American Committee for Yugoslav Relief, Inc.            American Committee to Survey Labor Conditions in Europe            American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity            American Council on Soviet Relations            American Croatian Congress            American Jewish Labor Council            American League Against War and Fascism            American League for Peace and Democracy            American National Labor Party            American National Socialist League            American National Socialist Party            American Nationalist Party            American Patriots, Inc.            American Peace Crusade            American Peace Mobilization            American Poles for Peace            American Polish Labor Council            American Polish League            American Rescue Ship Mission (a project of the United American Spanish Aid Committee)            American-Russian Fraternal Society            American Russian Institute, New York, also known as the American Russian Institute for Cultural Relations with the Soviet Union            American Russian Institute, Philadelphia            American Russian Institute of San Francisco            American Russian Institute of Southern California, Los Angeles            American Slav Congress            American Women for Peace            American Youth Congress            American Youth for Democracy            Armenian Progressive League of America            Associated Klans of America            Association of Georgia Klans            Association of German Nationals (Reichsdeutsche Vereinigung)            Ausland-Organization der NSDAP, Overseas Branch of Nazi Party</p> <p>Baltimore Forum            Benjamin Davis Freedom Committee            Black Dragon Society</p>	<p>Boston School for Marxist Studies, Boston, Massachusetts            Bridges-Robertson-Schmidt Defense Committee            Bulgarian American People's League of the United States of America</p> <p>California Emergency Defense Committee            California Labor School, Inc., 321 Divisadero Street, San Francisco, California            Carpatho-Russian People's Society            Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women            Central Japanese Association (Beikoku Chuo Nipponjin Kai)            Central Japanese Association of Southern California            Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront)            Cervantes Fraternal Society            China Welfare Appeal, Inc.            Chopin Cultural Center            Citizens Committee for Harry Bridges            Citizens Committee of the Upper West Side (New York City)            Citizens Committee to Free Earl Browder            Citizens Emergency Defense Conference            Citizens Protective League            Civil Liberties Sponsoring Committee of Pittsburgh            Civil Rights Congress and its affiliated organizations, including:            Civil Rights Congress for Texas            Veterans Against Discrimination of Civil Rights Congress of New York            Civil Rights Congress for Texas (see Civil Rights Congress)            Columbians            Comite Coordinador Pro Republica Espanola            Comite Pro Derechos Civiles            (See Puerto Rican Comite Pro Libertades Civiles)            Committee for a Democratic Far Eastern Policy            Committee for Constitutional and Political Freedom            Committee for Nationalist Action            Committee for Peace and Brotherhood Festival in Philadelphia            Committee for the Defense of the Pittsburgh Six            Committee for the Negro in the Arts            Committee for the Protection of the Bill of Rights            Committee for World Youth Friendship and Cultural Exchange            Committee to Abolish Discrimination in Maryland            (See Congress Against Discrimination; Maryland Congress Against Discrimination; Provisional Committee to Abolish Discrimination in the State of Maryland)            Committee to Aid the Fighting South            Committee to Defend Marie Richardson            Committee to Defend the Rights and Freedom of Pittsburgh's Political Prisoners            Committee to Uphold the Bill of Rights            Commonwealth College, Mena, Arkansas            Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates</p>
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**CERTIFICATION**

I certify that I have read the names of the above listed organizations.

To the best of my knowledge and belief, I am not, nor have I been a member of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any organization listed above, or any organization outside the United States espousing Communist, Fascist, Totalitarian or Nazi causes, except as noted below.

To the best of my knowledge and belief, none of my close relatives are, nor have ever been members of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any such organizations, except as noted below.

**INSTRUCTIONS**

For the purpose of this certification, if an applicant or employee is completing this form, the term "close relative" will include spouse, children, parents, brothers, sisters, uncles, and aunts. "Close relatives" of the spouse, for this purpose, will include children, parents, brothers, sisters, uncles, and aunts.

If there are exceptions to this certification, set forth below under Remarks all pertinent information concerning the nature and extent of your activities or those of your close relatives in such organizations, including the names of the organizations, dates of membership, meetings attended, titles of positions held, amounts and dates of contributions, nature of petitions signed falling within the meaning of the above certification and circumstances thereof, titles and authors of literature received, and dates on which received.

In exceptions concerning relatives, include only such information presently known to you or available from your own records.

If necessary, use additional sheets and sign each sheet. Write none if there are no exceptions.

REMARKS: To be completed by Spouse	REMARKS: To be completed by Applicant or Employee
Date	Date <i>March 12, 1969</i>
Signature of Spouse	Signature of Applicant or Employee <i>Virginia S. Aherne</i>
Address — City and State	Address — City and State <i>Woburn, Massachusetts</i>
Witness	Witness
Address — City and State	Address — City and State

PHILLIPS DAVID A

1065 W4

00 0 (1) 00 00 0

(2) (3)

(4)

SUBJECT: NOTIFICATION OF GRANTING OR OF REVOCATION OF CRYPTOGRAPHIC CLEARANCE

THE ABOVE NAMED INDIVIDUAL (ITEM 1) HAS BEEN GRANTED A CRYPTOGRAPHIC CLEARANCE FOR THE CRYPTOGRAPHIC CLEARANCE HELD BY THIS INDIVIDUAL HAS BEEN REVOKED UNDER THE PROVISIONS OF HR 90-4. THE CLEARANCE (ITEM 2) OR REVOCATION (ITEM 4), IS EFFECTIVE AS OF THE MONTH AND YEAR SHOWN ABOVE. SUBJECT HAS BEEN BRIEFED OR DEBRIEFED, AS APPROPRIATE, CONCERNING CRYPTOGRAPHIC AND RELATED COMMUNICATIONS SECURITY MATTERS AND HAS SIGNED A BRIEFING/DEBRIEFING STATEMENT, AS APPROPRIATE, ACKNOWLEDGING RESPONSIBILITY FOR THE PROTECTION OF CRYPTOGRAPHIC INFORMATION. UPON REVOCATION OF CRYPTOGRAPHIC CLEARANCE SUBJECT IS NOT AUTHORIZED TO HAVE CONTINUED CUSTODY OF, ACCESS TO, OR OTHERWISE GAIN FURTHER KNOWLEDGE OF STAFF CRYPTOGRAPHIC MATERIAL OR INFORMATION.

WHEN EMPLOYEE NO LONGER REQUIRES THE CLEARANCE IN ORDER TO PERFORM HIS/HER ASSIGNED DUTIES, IT IS REQUESTED THAT THE COMMUNICATIONS SECURITY STAFF, OC, BE NOTIFIED THAT THE CLEARANCE MAY BE REVOKED.

DISTRIBUTION:  
1 - EMPLOYEE'S COMPONENT (ITEM 3)  
1 - OFFICE OF PERSONNEL

FOR THE DIRECTOR OF COMMUNICATIONS.

*William A. ...*

CHIEF, ~~PERSONNEL~~ BRANCH, OC-5

FORM 12-63 597b USE PREVIOUS EDITIONS

CONFIDENTIAL

GROUP 1 Excluded from automatic downgrading and declassification



**SECRET**  
(When Filled In)

1. PERSONNEL SERIAL NO. (1-6)				LANGUAGE PROFICIENCY AND AWARDS DATA		2. ID NO.	
3. NAME (7-24) LAST		FIRST	MIDDLE	4. OFFICE OR DIVISION	5. LANGUAGE	6. LANG. CODE (25-27)	
7. DATE OF TEST (46-51)		8. ANNIVERSARY DATE		9. GRADE	10. DATE OF BIRTH		
11. REASON FOR TAKING TEST		12. TEST SCORES					
APPLY FOR AWARD		READING (34)	WRITING (35)	PRONUNCIATION (36)	SPEAKING (37)	UNDERSTANDING (38)	
ESTABLISH SKILL LEVEL							
13. ELIGIBILITY (39)		14. TYPE OF AWARD					
A	ACHIEVEMENT (A)	ELEMENTARY (E)	READING (R) SPEAKING (S)		BASED ON TRAINING THAT WAS DIRECTED (D) OR VOLUNTARY (V)		
M	MAINTENANCE (M)	INTERMEDIATE (I)	COMPREHENSIVE (C)				
NA		HIGH (H)					
15. INELIGIBLE (REASON)				16. I CERTIFY THIS EMPLOYEE FOR A PROFICIENCY AWARD OF \$ (40-45)			
Level of proficiency not maintained				SIGNATURE		DATE	
REMARKS				17. I CERTIFY THAT FUNDS ARE AVAILABLE			
				OBLIGATION REF. NO.		CHARGE ALLOTMENT NO.	
				SIGNATURE			

FORM 127.1  
5-60

OBSCLETE PREVIOUS EDITIONS

**SECRET**

(10-45)

MRD COPY

SECRET  
(When Filled In)

LANGUAGE PROFICIENCY AND AWARDS DATA					2. ID NO.
1. PERSONNEL SERIAL NO (1-4) 504795					7512
3 NAME (7-24) LAST Phillips, David A.		FIRST	MIDDLE	4. OFFICE OR DIVISION	5 LANGUAGE French
7 DATE OF TEST (40-51) June 20, 1960		8 ANNIVERSARY DATE Mar. 14, 1960		9 GRADE 1A	10 DATE OF BIRTH Aug. 11, 1900
11. REASON FOR TAKING TEST		12. TEST SCORES			
APPLY FOR AWARD		READING (34)	WRITING (35)	PRONUNCIATION (36)	SPEAKING (37)
ESTABLISH SKILL LEVEL					UNDERSTANDING (38)
13. ELIGIBILITY (39)		14. TYPE OF AWARD			
A		ACHIEVEMENT (A)	ELEMENTARY (E)	READING (R) SPEAKING (S)	BASED ON TRAINING THAT WAS DIRECTED (D) OR VOLUNTARY (V)
M		MAINTENANCE (M)	INTERMEDIATE (I)	COMPREHENSIVE (C)	
NA			HIGH (H)		
15 INELIGIBLE (REASON) did not receive an awardable level.				16 I CERTIFY THIS EMPLOYEE FOR A PROFICIENCY AWARD OF \$ (40-45)	
REMARKS				SIGNATURE	
				DATE	
				17 I CERTIFY THAT FUNDS ARE AVAILABLE	
				OBLIGATION REF. NO.	
				CHARGE ALLOTMENT NO.	
				SIGNATURE	

FORM 1273  
5-60

OBSELETE PREVIOUS EDITIONS

SECRET

(10-45)

MRD COPY

SECRET  
(When Filled In)

11-60		LANGUAGE DATA RECORD		
PART I-GENERAL				
1. NAME (Last-First-Middle) (17-24)		2. DATE OF BIRTH (25-33)		
PHILLIPS, DAVID A.		MONTH	DAY	YEAR
		OCTOBER	31	1922
3. LANGUAGE (31-33)	4. TODAY'S DATE (34-39)		5.	
FRENCH 265	MONTH	DAY	YEAR	<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
	MARCH	14	60	
PART II-LANGUAGE ELEMENTS				
SECTION A. Reading (40)				
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.				
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC. USING THE DICTIONARY FREQUENTLY.				
5. I HAVE NO READING ABILITY IN THE LANGUAGE.				
SECTION B. Writing (41)				
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.				
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.				
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.				
5. I CANNOT WRITE IN THE LANGUAGE.				
SECTION C. Pronunciation (42)				
1. MY PRONUNCIATION IS NATIVE.				
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.				
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.				
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION.				
CONTINUE ON REVERSE SIDE				



CONTINUATION OF PART II-LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

- 1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
- 2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
- 3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
- 4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
- 5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E.

Understanding (44)

- 1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
- 2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
- 3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
- 4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
- 5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

- 1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
- 2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
- 3. BOTH OF THE ABOVE STATEMENTS APPLY.
- 4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-115, PAR. 10123. I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

14 MARCH 1960

SIGNATURE

*David A. Plusan*

(46)

S

(47)

F

SECRET  
(When Filled In)

LANGUAGE DATA RECORD				
PART I-GENERAL				
1. NAME (Last-First-Middle) (17-24)		2. DATE OF BIRTH (25-30)		
PHILLIPS, DAVID ATLEE		MONTH	DAY	YEAR
		OCTOBER	31	1922
3. LANGUAGE (31-33)	4. TODAY'S DATE (34-38)		5.	
SPANISH <i>PO</i>	MONTH	DAY	YEAR	<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
		MARCH	14	1960
PART II-LANGUAGE ELEMENTS				
SECTION A. Reading (40)				
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
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SECTION B. Writing (41)				
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5. I CANNOT WRITE IN THE LANGUAGE.				
SECTION C. Pronunciation (42)				
1. MY PRONUNCIATION IS NATIVE.				
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.				
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.				
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION.				
CONTINUE ON REVERSE SIDE				

CONTINUATION OF PART II—LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E.

Understanding (44)

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4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV—CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 23-115, PAR. 1(C)(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

14 MARCH 1960

SIGNATURE

*Doris G. Miller*

(46)

(47)



SECRET  
(When Filled In)

91-3003		LANGUAGE DATA RECORD		
PART I-GENERAL				
1. NAME (Last-First-Middle) DAVID A Phillips			2. DATE OF BIRTH (25-30)	
			MONTH OCTOBER	DAY 31
			YEAR 1928	
3. LANGUAGE (31-33)		4. ACQUISITION DATE (34-38)		5.
FRENCH 265		MONTH OCTOBER	DAY 22	YEAR 1957
		<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE		
PART II-LANGUAGE ELEMENTS				
SECTION A. Reading (40)				
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
<input checked="" type="radio"/> 3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.				
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.				
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<input checked="" type="radio"/> 3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.				
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<input checked="" type="radio"/> 3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND				
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION.				
13				
CONTINUE ON REVERSE SIDE				

CONTINUATION OF PART II-LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

- 1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
- 2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
- 3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
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BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

- 1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
- 2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
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- 4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE ABOARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-115, PAR. 1(C)(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN ABOARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE ABOARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

SIGNATURE

1463

1677

E



SECRET  
(When Filled In)

56  
L. Rick

11-61		LANGUAGE DATA RECORD		
913003				
PART I-GENERAL				
1. NAME (Last-First-Middle) (17-24)		2. DATE OF BIRTH (25-30)		
DAVID A. PHILLIPS		MONTH	DAY	YEAR
[REDACTED]		OCTOBER	31	1922
3. LANGUAGE (31-33)	4. TODAY'S DATE (34-39)		5.	
SPANISH 720	MONTH	DAY	YEAR	<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
	OCTOBER	22	1957	
PART II-LANGUAGE ELEMENTS				
SECTION A. Reading (40)				
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CONTINUE ON REVERSE SIDE				13



CONTINUATION OF PART II-LANGUAGE ELEMENTS

SECTION D. Speaking (43)

- 1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
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SECTION E. Understanding (44)

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- 5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

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PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-119, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

SIGNATURE

*[Handwritten Signature]*

(46)

(47)

*[Handwritten Initials]*

*[Handwritten Initials]*

CONFIDENTIAL  
(WHEN FILLED IN)

SECURITY APPROVAL

03 11 1960

DATE : 9 February 1960

YOUR  
REFERENCE: E-8573 CS/CS Div. Comp.

CASE NO. : 40696

TO : Director of Personnel

FROM : Director of Security

SUBJECT : PHILLIPS, David Atlee

1. This is to inform you of security approval of the subject person as follows:

Subject has been approved for the appointment specified in your request under the provisions of Regulations 10-210 and 20-730 including access to classified information through Top Secret as required in the performance of his duties.

Subject has been approved for appointment under the authority of Paragraph 4(d) of Regulation 10-210, and under Regulation 20-730 including access to classified information through Top Secret as required in the performance of his duties.

2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.

3. As part of the entrance on duty processing:

A personal interview in the Office of Security must be arranged.

A personal interview is not necessary.

FOR THE DIRECTOR OF SECURITY:

*W. A. Osborne*  
W. A. Osborne

Acting Chief, Personnel Security Division

*Mr. Washburn  
(with)  
2-10-60*

FORM NO. 1173 REPLACES FORM 28-108 WHICH IS OBSOLETE

CONFIDENTIAL

CONFIDENTIAL  
SECURITY INFORMATION  
SECURITY APPROVAL

Date: 26 April 1955

TO: Chief, Processing & Records Division  
Personnel Office  
FROM: Chief, Security Division  
Personnel  
SUBJECT: PHILLIPS, David Atlee

Your Reference: SR-6038-PP

Case Number: 10696

1. This is to advise you of security action in the subject case as indicated below:

- Security approval is granted the subject person for access to classified information.
- Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
- The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
3. Subject is to be polygraphed as part of EOD procedures.

4. *This clearance is retroactive to 1 April 1955  
per Myers.*

*Ernest P. Geiss*  
Ernest P. Geiss

CONFIDENTIAL



# PERSONAL HISTORY STATEMENT

Answer all questions completely. If answer is not applicable write "N/A". Write numbers only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra space. Ask any question or question for clarification if you do not have sufficient space.

Type, print or type accurately. Allergic or infectious diseases will not receive credit.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS?

## Section I - PERSONAL BACKGROUND

**A. FULL NAME** (Last, First, Middle Initial)  
 Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**B. CURRENT ADDRESS** (Street, City, State, Zip)  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**C. NICKNAME** (If any)  
 Nickname: \_\_\_\_\_

**D. HOW LONG** (In years, months, days)  
 How long: \_\_\_\_\_

**E. DATE OF BIRTH** (Month, Day, Year)  
 Date of Birth: \_\_\_\_\_

**F. INFORMATION** (If any)  
 Information: \_\_\_\_\_

**G. SERVICE** (If any)  
 Service: \_\_\_\_\_

**H. RELATIONSHIP** (If any)  
 Relationship: \_\_\_\_\_

**I. OTHER** (If any)  
 Other: \_\_\_\_\_

**J. SIGNATURE** (Print name)  
 Signature: \_\_\_\_\_







[The following text is a highly degraded and mirrored scan of a document, likely a form or report, with significant noise and bleed-through. The text is largely illegible but appears to contain the following sections:]

[Illegible header text]

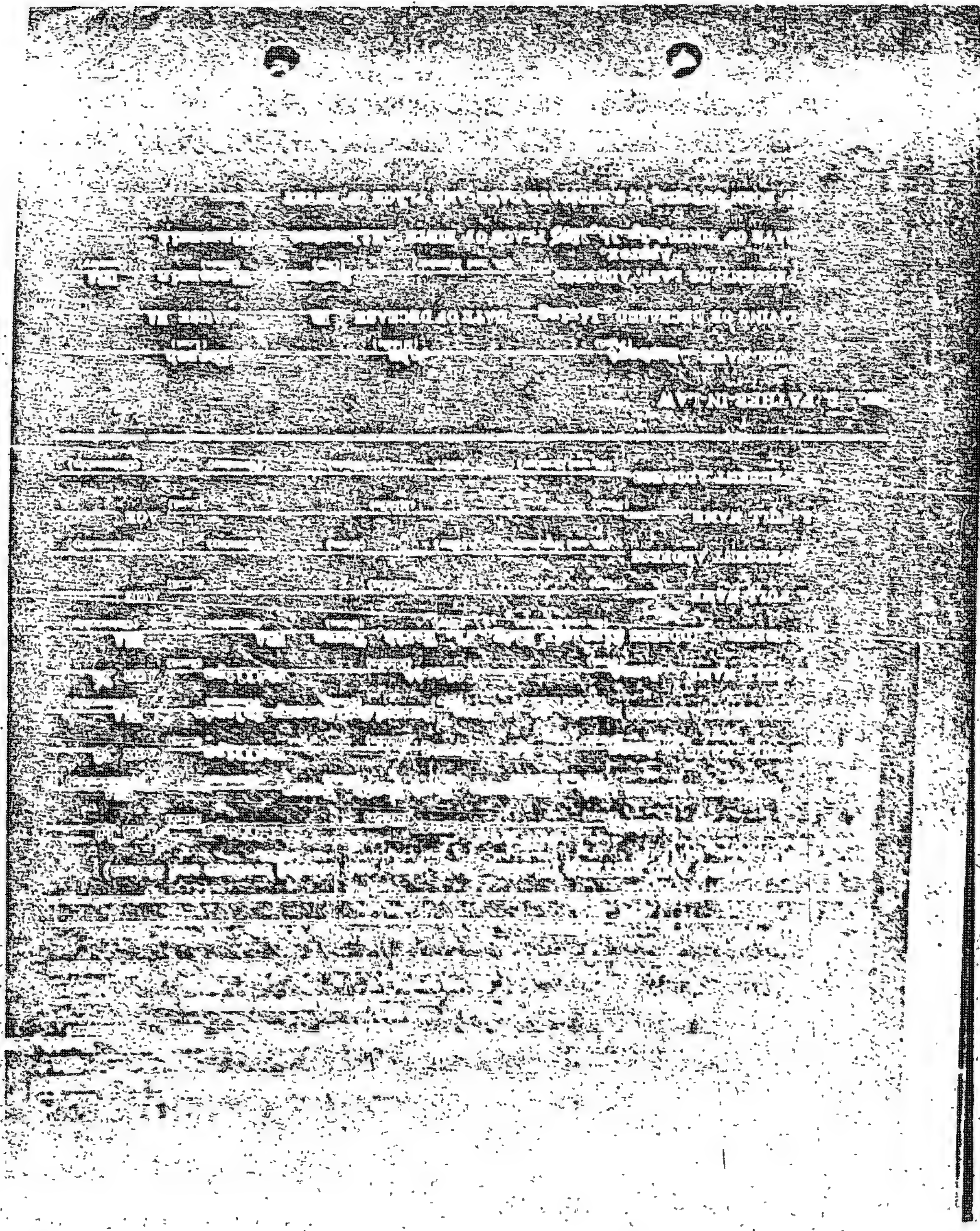
[Illegible body text, possibly including a list or table]

[Illegible footer text]











**Section 1: DECEASED**

NAME OF DECEASED: James Earl Ray

DATE OF DEATH: April 23, 1968

PLACE OF DEATH: London, England

STATE OF BIRTH: Mississippi

DATE OF BIRTH: May 19, 1928

PLACE OF BIRTH: Mississippi

DATE OF ENTRY: None

PLACE OF ENTRY: None

OCCUPATION: None

---

**Section 2: RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES**

NAME: None

RELATIONSHIP: None

DATE OF BIRTH: None

PLACE OF BIRTH: None

DATE OF ENTRY: None

PLACE OF ENTRY: None

---

**Section 3: RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO ARE CITIZENS OF THE UNITED STATES**

NAME: None

RELATIONSHIP: None

DATE OF BIRTH: None

PLACE OF BIRTH: None

DATE OF ENTRY: None

PLACE OF ENTRY: None

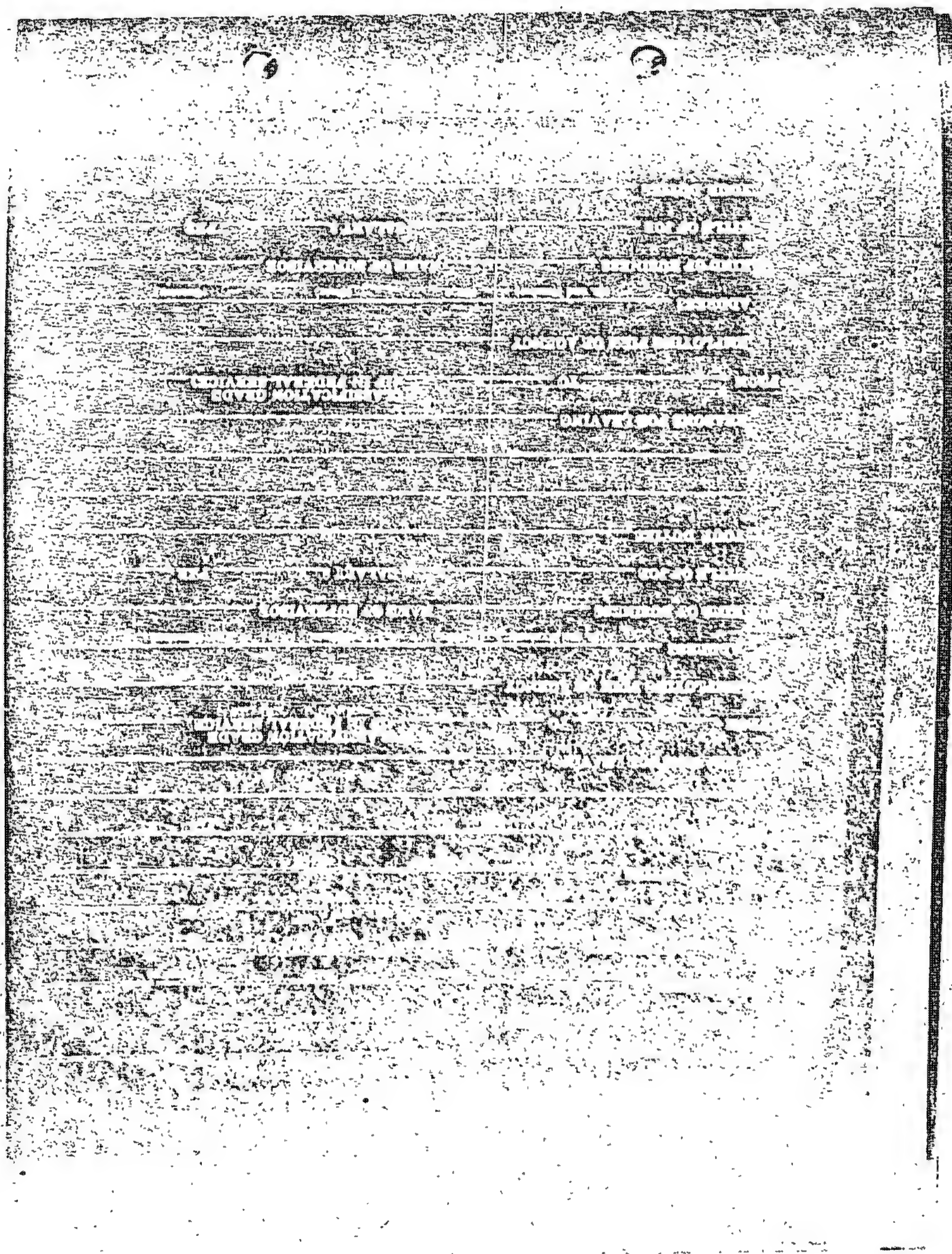






















GIVE FIVE CRIMINALS... (The individual's name and address where possible)

Name	Address	City	State
Robert Floyd Taylor	1000 1/2 Ave	St. Louis	Mo.
Alvin Karpis	1000 1/2 Ave	St. Louis	Mo.
John Dillinger	1000 1/2 Ave	St. Louis	Mo.
Charles F. Campbell	1000 1/2 Ave	St. Louis	Mo.
George J. Barker	1000 1/2 Ave	St. Louis	Mo.
Alvin Karpis	1000 1/2 Ave	St. Louis	Mo.
John Dillinger	1000 1/2 Ave	St. Louis	Mo.
Charles F. Campbell	1000 1/2 Ave	St. Louis	Mo.
George J. Barker	1000 1/2 Ave	St. Louis	Mo.

NAME OF FIVE PERSONS WHO KNOW YOU... (The individual's name and address where possible)

Name	Address	City	State
John Dillinger	1000 1/2 Ave	St. Louis	Mo.
Alvin Karpis	1000 1/2 Ave	St. Louis	Mo.
John Dillinger	1000 1/2 Ave	St. Louis	Mo.
Alvin Karpis	1000 1/2 Ave	St. Louis	Mo.
John Dillinger	1000 1/2 Ave	St. Louis	Mo.

NAME OF FIVE PERSONS WHO KNOW YOU... (The individual's name and address where possible)

Name	Address	City	State
John Dillinger	1000 1/2 Ave	St. Louis	Mo.
Alvin Karpis	1000 1/2 Ave	St. Louis	Mo.
John Dillinger	1000 1/2 Ave	St. Louis	Mo.
Alvin Karpis	1000 1/2 Ave	St. Louis	Mo.
John Dillinger	1000 1/2 Ave	St. Louis	Mo.











THE BOARD OF DIRECTORS OF THE COMPANY HAS REVIEWED THE  
 REPORT OF THE MANAGEMENT AND FINANCIAL STATEMENTS FOR THE  
 YEAR ENDED 31st MARCH 1968 AND IS OF THE OPINION THAT THE  
 ACCOUNTS HAVE BEEN PREPARED IN ACCORDANCE WITH THE  
 REQUIREMENTS OF THE COMPANIES ACT, 1947 AND THE  
 COMPANIES (ACCOUNTS) REGULATIONS, 1968 AND THAT THE  
 ACCOUNTS GIVE A TRUE AND FAITHFUL VIEW OF THE  
 STATE OF AFFAIRS OF THE COMPANY AT THE END OF THE  
 YEAR AND OF THE RESULTS OF ITS OPERATIONS DURING  
 THAT YEAR.

IN WITNESS WHEREOF, I HAVE HEREUNTO SIGNED AND  
 AFFIXED MY SIGNATURE AND SEAL AS A DIRECTOR OF THE  
 COMPANY ON THIS 15th DAY OF MAY 1968.

DIRECTOR

COMPANY SECRETARY









Contract Service



(P)

GS

<u>Date</u>	<u>Action</u>	<u>Compensation</u>	<u>Equivalent</u>
1 Feb 51	Independent contractor	\$600 per mo	
28 Feb 51	<del>Independent</del> contract terminated	600 " "	
25 Jan 52	Independent contractor	\$6,000 p.a.	
31 Aug 53	Contract terminated	6,000	
4 Mar 54	Contract Employee	\$7,200	
31 Jul 54	Contract terminated	7,200	
1 Aug 54	Contract Employee	8,360	
31 Mar 55	Contract terminated	8,360	
1 Apr 55	Agency Staff Agent service		
13 Aug 58			
19 Aug 58	Independent contractor (Note: the base rate of pay of \$7,200 is subject to increase on occasions wherein subject performs specialized assignments)	<del>\$4,200</del>	
13 Mar 60	<del>See</del> Contract terminated	\$7,200	
14 Mar 60	Entered on duty as an Agency Staff Employee at the rate of GS-14/3 (\$11,835).	7,200	



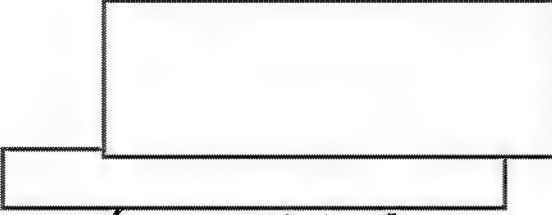
ADMINISTRATIVE-INTERNAL USE ONLY

13 May 1975

MEMORANDUM FOR: Chief, Contract Personnel Division  
SUBJECT : Earnings of David A. Phillips

In accordance with your telephone request, the following is a record of income earned by Mr. Phillips during the period 19 August 1958 through 13 March 1960. Mr. Phillips was paid at \$7,200 P/A, with the exception of those periods of service performed outside of his country of permanent assignment and then he was paid at \$13,000 P/A.

<u>DATES</u>	<u>PAID AT \$7200 P/A</u>	<u>DUE DIFFERENCE BETWEEN \$7200 P/A &amp; \$13000 P/A</u>	<u>TOTAL</u>
19-31 Aug 58	\$ 240.00	-0-	\$ 240.00
Sept 58	600.00	\$ 32.22	632.22
Oct 58	600.00	434.97	1034.97
Nov 58-Jan 59	1800.00	-0-	1800.00
Feb 59	600.00	88.60	688.60
March 59	600.00	-0-	600.00
April 59	600.00	157.07	757.07
May 59	600.00	128.88	728.88
June-July 59	1200.00	-0-	1200.00
Aug 59	600.00	80.55	680.55
Sept 59-Feb 60	3600.00	-0-	3600.00
1-13 March 60	260.00	-0-	260.00
Totals	\$11,300.00	\$922.29	\$12,222.29

  
Deputy Chief  
Compensation and Tax Division

ADMINISTRATIVE-INTERNAL USE ONLY

County of Com. 6. Texas

No.

# David Phillips

19 Aug 58 - \$7200

19-31 Aug 58	-	\$260	
Sep 58	-	600 + 32.22	\$632.22
Oct 58	-	600 + 289.98	889.98
Nov 58	-	600	\$1800.00
Feb 59	-	600 + 88.60	688.60
Mar 59	-		600.00
Apr 59	-	600 + 157.07	757.07
May 59	-	600 + 128.88	728.88
Jun 59	-	600	600.00
Jul 59	-	600	600.00
Aug 59	-	600 + 80.55	680.55
Sept 59	-	600	600.00
Oct 59	-	600	600.00
Nov 59	-	600	600.00
Dec 59	-	600	600.00
Jan 60	-	600	600.00
Feb 60	-	600	600.00
1-13 Mar 60	-	260	260.00

11,320 paid at \$7200

also pay \$777.30

Total Paid \$12,097.30



4 March 1975

BACKGROUND ON REQUEST FOR CREDITABLE SERVICE: August 1950 Until 3 March 1954

1. A basic document in consideration of this request is HCSA-825, dated 4 February 1954.

*Pol. gh*  
*Be...ment*  
2. I was running an English-language newspaper [redacted] when asked to work with our Station there. My first pay was \$50.00 per month. The file contains a project approval dated 31 May 1950; TCS-A-1064 asks that the first payment be made to the U.S. bank on 1 August 1950.

*locus*  
*to a*  
*project*  
*C*  
3. During this period I recall a number of activities undertaken for the Station, and I travelled to New York for clandestine training. The file indicates "He was originally approved operationally to handle the complex Soviet espionage case of FULMINATER-2. His conduct of this case was considered excellent...." Also, "It will be recalled that Headquarters was very pleased with the printing job...which he had done." The latter was indicative of a number of such chores, when I stayed behind in my plant after the employees had left for the night, printing leaflets, booklets, etc. I also handled agents and did a number of spotting and assessing jobs for the Station.

4. I signed a new contract on 25 January 1952 for \$500.00 per month which ran until the termination date of 31 August 1953. (Actually this was in the form of a loan which was paid off at the rate of \$500.00. The advance was used to purchase printing equipment which allowed me to do certain work for the Station, but which I retained.)"

5. After termination of the contract on 31 August I remained in [redacted] until 4 March 1954. During this period I recruited a CP agent who still works for the Station--and was a cabinet member under Allende. On 3 February 1954 Headquarters asked that I be made available for another assignment. The Station pointed out that I was working on the recruitment, and that I and my family were planning on a European vacation. Headquarters again requested my assignment. Thus I departed for the [redacted] project in early March, abandoning my free family trip to Europe (tickets paid for by advertising in my paper) and leaving my family behind to pack up. I accepted this assignment without knowing where it was, or for how long it would last. Indeed I did not even have a contract.

E2 IMPDET  
CL BY 024345

6. I worked for the Agency in  then, between 1 August 1950 until departure for PBSUCCESS on 4 March 1954. I was always available and when I finally did leave it was for Agency business rather than my own. Thus I request that all or part of this time be approved as creditable toward retirement.

  
David A. Phillips

Mr. DeFelice:

Information from Adele regarding  
Dave Phillips' creditable service:

As of 31 December 1974:

18 years, 11 months, 27 days  
(Agency civilian service)

2 years, 8 months, 11 days  
(military service)

Total creditable service:

21 years, 8 months, 8 days.

Sick leave will be added to that.

For your information, [redacted] has  
an appointment with Mr. Phillips on  
Wednesday afternoon. He is in the  
CIARDS system and with his birth date  
in 1922, he is eligible for voluntary  
retirement.

Bennie



18

11

23

Mar 54 - July 54 -

4 mo -

1 Aug 54 - 31 Mar 57

3 mo

1 yr

July 55 - 15 Mar 56

3 mo

Mar 56 - Mar 57 -

1 yr

off lead - 7 Feb 56 - 13 Aug 58

Raymond Becker - show

Contract rent - 1 Feb 51 - 28 Feb 51

Contract rent - 28 Mar 52 - 31 Aug 53

Contract rent - 4 March 54 - 31 Mar 55

Self 20 - 1 April 55 - 6 Feb 56

Self 20 - 2 Feb 56 - 13 Aug 57

Contract rent - 13 Aug 57 - 13 Mar 60

Self 20 - 13 Mar 60 - 6 Oct 60

David A. Phillips

Accepted Appointment Staff Employee 1 Apr 55

Resignation Staff Employee 6 Feb 56

Accepted Appointment Staff Agent 7 Feb 56

Resignation Staff Agent 13 Aug 58

Contract Agent 19 Aug 58

Terminated 13 Mar 60

Accepted Appt Staff Employee 14 Mar 60

Staff Employee since 14 March 1960

SECRET

21 May 1975

MEMORANDUM FOR: Office of Finance/C&TD

SUBJECT : Verification of Contract Employee Service of David A. Phillips, current staff employee for period 19 August 1958 through 13 March 1960.

REFERENCE : Memorandum from Deputy Chief Comp & Tax Division subject earnings of David A. Phillips dated 13 May 1975

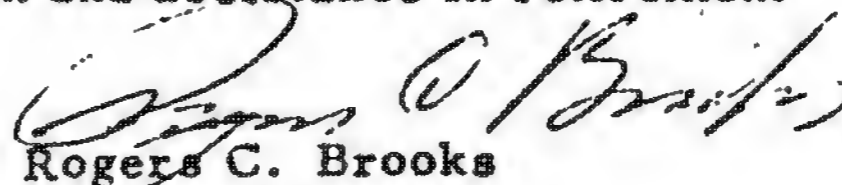
1. Based upon new information it has now been determined that subject served as an Agency contract employee during period 19 August 1958 through 13 March 1960, and that this period is creditable for both retirement and leave account category purposes. Civil Service Retirement deductions were not withheld during the period. Records of this office reflect subject was authorized compensation during referenced period at the rate of \$7,200 per annum, except that when he was outside of the United States he was paid at the rate of \$13,000 per annum. For times and amounts involved in change of rate see reference.

2. Action required:

(a) Office of Finance: Please post the above information to subjects retirement records.

(b) DDO/LA/Pers: Please advise subject of the contents of this memorandum.

(c) RAD/ROB: For your information and assistance in retirement processing.

  
Rogers C. Brooks

Deputy Chief

Contract Personnel Division

Distribution:

Orig - Addressee  
1 - DDO/LA/Pers  
1 - RAD/ROB

OGC Concurrence: 11 - 11 May 1975

SECRET

E2IMPDET  
CL by: 063837



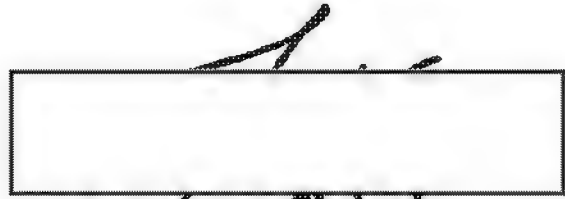
ADMINISTRATIVE-INTERNAL USE ONLY

13 May 1975

NEMORANDUM FOR: Chief, Contract Personnel Division  
SUBJECT : Earnings of David A. Phillips

In accordance with your telephone request, the following is a record of income earned by Mr. Phillips during the period 19 August 1958 through 13 March 1960. Mr. Phillips was paid at \$7,200 P/A, with the exception of those periods of service performed outside of his country of permanent assignment and then he was paid at \$13,000 P/A.

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Feb 59	600.00	88.60	688.60
March 59	600.00	-0-	600.00
April 59	600.00	157.07	757.07
May 59	600.00	128.88	728.88
June-July 59	1200.00	-0-	1200.00
Aug 59	600.00	80.55	680.55
Sept 59-Feb 60	3600.00	-0-	3600.00
1-13 March 60	260.00	-0-	260.00
Totals	\$11,300.00	\$922.29	\$12,222.29

  
Deputy Chief  
Compensation and Tax Division

ADMINISTRATIVE-INTERNAL USE ONLY

SECRET

21 May 1975

**MEMORANDUM FOR: Office of Finance/C&TD**

**SUBJECT** : Verification of Contract Employee Service of David A. Phillips, current staff employee for period 19 August 1958 through 13 March 1960.

**REFERENCE** : Memorandum from Deputy Chief Comp & Tax Division subject earnings of David A. Phillips dated 13 May 1975

1. Based upon new information it has now been determined that subject served as an Agency contract employee during period 19 August 1958 through 13 March 1960, and that this period is creditable for both retirement and leave account category purposes. Civil Service Retirement deductions were not withheld during the period. Records of this office reflect subject was authorized compensation during referenced period at the rate of \$7,200 per annum, except that when he was outside of the United States he was paid at the rate of \$13,000 per annum. For times and amounts involved in change of rate see reference.

**2. Action required:**

(a) Office of Finance: Please post the above information to subject's retirement records.

(b) DDO/LA/Pers: Please advise subject of the contents of this memorandum.

(c) RAD/ROB: For your information and assistance in retirement processing.

7s/ Rogers C. Brooks

Rogers C. Brooks

Deputy Chief

Contract Personnel Division

**Distribution:**

Orig - Addressee

1 - DDO/LA/Pers

1 - RAD/ROB

1 - Subject's CPD file

1 - CPD Chrono file

DDA/OP/CPD: RCB;sp (21 May 1975)

E2IMPDET

CL by: 063837

SECRET

SECRET

10 MAR 1975

MEMORANDUM FOR: Chief, TRB

SUBJECT : Verification of Contract Employee Service for  
[redacted] (P) Current Staff Employee

REFERENCE : CPD Memorandum of 30 June 1966 to Chief, TRB,  
Subject "Record of Contract Service for [redacted]  
[redacted]"

1. Referent memorandum is revised in its entirety to reflect the following periods of full time contract employee service as being creditable service for both leave and Civil Service Retirement purposes.

<u>DATE</u>	<u>ACTION</u>	<u>PER ANNUM COMPENSATION</u>
4 March 1954	Contract employee	\$7,200
31 July 1954	Contract terminated	7,200
1 August 1954	Contract employee	8,360
31 March 1955	Contract terminated	8,360

2. Period of service 4 March 1954 through 31 December 1954 had in previous memorandum been declared creditable service for both leave and retirement purposes. It denied creditable retirement service for the period 1 January 1955 through 31 March 1955 because of a Federal statutory provision relating to periods covered by Social Security. The foregoing position was removed by P. L. 91-630 of 31 December 1970, thereby having the effect of rendering said service as creditable.

3. Action required:

- a. Office of Personnel/TRB: Please file this memorandum in subject's official personnel file folder.
- b. Office of Personnel/ROB: For your information.

[redacted]



SECRET

- 2 -

- c. Office of Finance/C&TD: Please post the above information to subject's retirement records.
- d. DDO/LA/Personnel: Please advise subject of the contents of this memorandum.

Rogers C. Brooks  
Deputy Chief  
Contract Personnel Division

**Distribution:**

Orig - Addressee  
1 - CP/ROB  
1 - OF/C&TD  
1 - DDO/LA/Personnel  
1 - CPD Subject file  
1 - CPD Chrono  
OP/CPD/R.C.Brooks:jc (10 March 1975)

SECRET

SECRET

MEMO FOR: The File

SUBJECT:  (P), Verification of Contract Service

19 Oct 70

Subject, now a Staff Disbursed, asked Don DeFelice to see if any of his old contract time is creditable towards GIABBS retirement. Currently, subject is assigned PCS in VII field, but is currently in Hqtrs on TDY.

21 Oct 70:

Met with subject and discussed all aspects of his questions and his prior contractual service. Provided him with ~~some~~ information concerning his service, ~~and~~ that criteria CPD used in determining independent contractor service vs contract employee service, applicability of the "social security rule" precluding the use of ~~old~~ contract employee time under social security being creditable retirement time, etc. Also, provided subject with a sample of a memo which could be written to CPD requesting old independent contractor time be reauthorized as contract employee time. Also indicated to subject we would help him draft an appropriate memo if he (subject) felt he had a good case. In general, from information provided by subject, it seemed that subject's old independent contractor time was not of a type that might lend itself to conversion to contract ~~and~~ employee time.

3 Dec 70: As of this date, CPD had heard nothing more from subject and it was therefore assumed that ~~for~~ subject had, ~~and~~ at least for the immediate moment, decided not to pursue the matter further.

Paul Wilson  
3 Dec 1970

4-00000

O/Personnel/Contract Personnel Div  
5-69 Hqtrs.  
(Paul R. Wilson)

23 April 1970

OP/RAD - 205 Magazine Bldg.  
Attn: Adelo J. Sukowicz

1. Adelo: Hope the following with help you:

- (a) Attached is our CPD file on loan. In it find a chrono of all of subject's contract service.
- (b) Information in our CPD memo of 30 June 66 is reaffirmed. However, note it did not cite subject's 1951/52/53 service, which service is cited in the O/Finance memo of 16 June 1966. This 1951/52/53 service is independent contractor service and not creditable for purposes of Civil Service Retirement.
- (c) Our CPD memo of 30 Jun 66 indicates subject ~~had~~ had a social security obligation for period 1 Jan 55 thru 31 Mar 55. Since this obligation came about retroactively in mid 1955, possibility exists that neither subject or the Agency made contributions to the Social Security System. If they were not made, it is possible for such to be made at this late date and if subject or WH Division is interested in looking into this, they should contact Rod Brooks of CPD.

Paul R. Wilson



UNCLASSIFIED  INTERNAL USE ONLY  CONFIDENTIAL  SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM: **WH Personnel** **3D31G2** **6815** **6 April 1970**

TO: (Officer designation, room number, and building) **DATE** **OFFICER'S INITIALS** **COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)**

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	DATE	OFFICER'S INITIALS	COMMENTS
															RECEIVED	FORWARDED	
					Chief, Contract Personnel Div 5 E 69 HRS												Attached is Mr. <span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px; vertical-align: middle;"></span> 's official file and a dispatch from him in which he requests a computation of his time with the Agency for retirement purposes. It is a very complicated case. Good luck!
																	1 to 6: On the basis of CPL's memo dated 30 June 1966 (copy attached) ruling on the creditability of Subject's contract service, RO3 can reply to the attached dispatch. However, it is requested that CPL review HART for its factual content and advise RO3 if the memo of 30 Jun 66 is reaffirmed.
																	Your attention is invited to a discrepancy in identifying 1951 contract service. In the dispatch (para 5) Subject refers to himself as a "covert associate"; the Office of Finance (see memo dtd 16 Jun 66) copy attached) lists the time as "contract agent" service; and your memo of 30 Jun 66 lists the time as "contract employee" service.

WH Personnel *J*

FORM 1-62 610 USE PREVIOUS EDITIONS  SECRET  CONFIDENTIAL  INTERNAL USE ONLY  UNCLASSIFIED

604

<b>DISPATCH</b>		CLASSIFICATION <b>S E C R E T</b>	PROCESSING ACTION
TO	Chief, Western Hemisphere Division		MARKED FOR INDEXING
INFO.	Chief, Operational Services		NO INDEXING REQUIRED
FROM	Chief of Station, [redacted]		ONLY QUALIFIED DESK CAN JUDGE INDEXING
SUBJECT	Request for Review of Retirement Status--- [redacted]		
ACTION REQUIRED - REFERENCES			
<p>Action Required: See Paragraph 9 et all</p> <p>1. During his RVROCK career [redacted] has served as Contract Agent, Covert Associate, Staff Agent and Contract Employee. On one occasion [redacted] resigned from RVROCK, became a Contract Agent, then returned as a Staff Employee. The purpose of this dispatch is to request a review of exactly what [redacted] status has been over the years, what must be done to repay retirement funds for any periods of creditable service not now covered, and to study the possibility that some periods of tenure might be converted from uncreditable to creditable status.</p> <p>2. [redacted] served in the Air Force from February 1943 through October 1945, with total service of two years, eight months and 19 days.</p> <p>3. The dates of [redacted] first RVROCK service in [redacted] [redacted] are very hazy to [redacted]. He does recall that he was first recruited by the COS, but cannot recall if this was on a formal, salaried basis. At some time during 1950 or 1951, probably the latter, [redacted] signed an RVROCK contract, for at least two years, possibly longer. The salary is remembered as US\$500 per month, and on one occasion this salary was paid in advance to allow [redacted] to purchase printing equipment. Please check the contract covering this period and advise [redacted] (a) the duration of the contract and (b) if any provision for deductions (or future payment of) was made. If, as [redacted] suspects, there were no deductions, even for Social Security, [redacted] would appreciate Headquarters comment on the possibility that this period might be retroactively converted to creditable service status (after payments into retirement system, of course). In this connection it is suggested</p>			
<p>Distribution:</p> <p>3 - Chief, WHD</p> <p>2 - Chief, OPSER</p>			
REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE	
	[redacted]	25 March 1970	
	CLASSIFICATION	HQS FILE NUMBER	
	<b>S E C R E T</b>		



that a discussion might be held with James G. COLLETT, who was COS in [redacted] during most of that time. [redacted] believes that COLLETT will confirm that [redacted] demonstrated his intense interest in his RVROCK work by performing not only the work called for in his contract (mostly clandestine printing) but other chores as well. Example: during this period, or perhaps just after the expiration of [redacted] contract, [redacted] under Station guidance and instruction, approached and recruited a Communist Party agent. (It is understood that the agent is still reporting.) Another example: in March 1954, COS COLLETT approached [redacted] and asked him if he would accept the Headquarters' request that he leave [redacted] board an airplane for the U.S. and assist in an unidentified operation which would last "some months." That was the extent of the offer. [redacted] accepted. This was despite the fact that he had no contract, and that he had to leave his family behind and to abandon a trip which had been planned through Europe. It is believed that this indicates that [redacted] was pretty much "under RVROCK control" during this period. (Perhaps training records can assist in finding information on this [redacted] period, as [redacted] went to New York on one occasion for a six-week training course).

4. The next period of contract employment is also hazy. The operation in which [redacted] was asked to participate turned out to be PBSUCCESS. Some sort of contract was drawn up, but [redacted] does not recall if any deduction for retirement was made, nor of the terms of the contract. It is requested that this contract be reviewed and, should there have been no retirement credit, that it too be reviewed for possible conversion to creditable service. There is no question of [redacted] "responding to RVROCK control" during this period. It was full time work, and most of it performed away from family--some of it in the jungle. About sixty days, [redacted] recalls, was spent [redacted], in Project PBHISTORY. [redacted] was awarded an RVROCK decoration for his work during this period. *ABROAD.*

5. As the result of his participation in PBSUCCESS, [redacted] was contracted as a Covert Associate from (about; this is a guess) October, 1954 until April of 1955. [redacted] distinctly recalls that this contract called for retirement credit if chosen as a future option. (It is not impossible that this contract was made retroactive to cover [redacted] departure from [redacted] in March, 1954.) It would be appreciated if [redacted] would be advised of the exact duration and terms of this contract.

6. [redacted] was a Staff Employee from 1 April 1955 until 13 July of 1958, when he resigned. Retirement payments for this period were returned to [redacted] and he understands that they must be repaid sometime before retirement to make the period creditable.

7. After resigning in 1953 [redacted] went to Cuba and within a week signed a contract---as an independent operator and, to the best of [redacted] recollection, without any retirement benefits. Again, it is requested that this contract be reviewed with the view of possible conversion to creditable status.

8. On March 14, 1960 [redacted] again became a Staff Employee, and has remained in that status.

9. Despite a rather long tenure with RVROCK [redacted] now finds that much of his service is either not creditable, or is creditable and not paid. [redacted] would like to set this house in order, and to begin having regular deductions from his salary begin building up his paid-up creditable retirement equities. Headquarters' assistance in arriving at this happy state would be appreciated. [redacted] is especially interested in obtaining approval for conversion of the early contract days in [redacted]. It seems apparent that if repayment into the retirement system is to be initiated,



CONTINUATION OF DISPATCH	CLASSIFICATION <b>S E C R E T</b>	DISPATCH SYMBOL AND NUMBER <input type="text"/>
--------------------------	--------------------------------------	----------------------------------------------------

it would be wiser to repay the early years first (so as to add more time more quickly with less payment). In any event, a Headquarters' review of the case would be appreciated.

FORM 53a USE PREVIOUS EDITION.	CLASSIFICATION <b>S E C R E T</b>	<input type="checkbox"/> CONTINUED	PAGE NO. <b>3</b>
--------------------------------	--------------------------------------	------------------------------------	----------------------

30 June 1966

MEMORANDUM FOR : Chief, TRB

SUBJECT : Record of Contract Service for  
[REDACTED]

1. Per your request we are forwarding record of Subject's contract service:

<u>Date</u>	<u>Action</u>
4 March 1954	Hired as Contract Employee
31 July 1954	Terminated
1 August 1954	Hired as Contract Employee
31 March 1955	Terminated
19 August 1958	Hired as Contract Agent
13 March 1960	Terminated

2. Subject was employed on a full time basis with leave benefits from 4 March 1954 through 31 March 1955. Accordingly, this entire period is "creditable" for establishing his annual leave category. However, the period from 19 August 1958 through 13 March 1960, as an independent contractor, is not creditable for this purpose. Only the period from 4 March 1954 through 31 December 1954 is "creditable for Civil Service Retirement, since Contract Employee's were mandatorily covered by Social Security as of 1 January 1955.

3. Attached is OF record of Agency service with salary breakdown.

Rogers C. Brooks  
Acting Chief, Contract Personnel Division

Distribution:

Orig - Addressee  
2 - CPD

16 June 1966

ATTN : Chief, Contract Personnel Division

Compensation and Tax Division  
Office of Finance

Agency Service of ~~XXXXXXXXXXXXXXXXXXXX~~

The records of the Office of Finance show the following Agency services for Subject:

**Contract Agents:**

EOB 1 February 1951 @ \$400.00 P/A  
Term 29 February 1951 @ \$400.00 P/A

EOB 24 January 1953 @ \$4000.00 P/A  
Term 31 August 1953 @ \$4000.00 P/A

EOB 4 March 1954 @ \$7200.00 P/A  
Pay Inc. 1 August 1954 @ \$5260.00 P/A  
Term 31 March 1955 @ \$2960.00 P/A

**Staff Employees:**

Er. Appt. 1 April 1955 @ \$5600.00 P/A  
Res. 6 February 1956 @ \$10,320.00 P/A

**Staff Agent:**

Er. Appt. 7 February 1956 @ \$10,320.00 P/A  
PSI 7 October 1956 @ \$10,535.00 P/A  
Pay Raise 12 January 1958 @ \$11,535.00 P/A  
PSI 6 April 1958 @ \$11,835.00 P/A  
Res. 13 August 1958 @ \$11,835.00 P/A

**Contract Agents:**

EOB 19 August 1958 @ \$7,200.00 P/A  
Term 13 March 1960 @ \$7,200.00 P/A

**Staff Employees:**

Er. Appt. 14 March 1960 @ \$11,835.00 P/A  
Subject has been a Staff Employee since 14 March 1960.

\_\_\_\_\_  
Chief  
Agent Payroll Branch



STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE  
 AND DETERMINATION OF COMPETITIVE STATUS

**IMPORTANT:** The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I—EMPLOYEE'S STATEMENT							PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE			
1. NAME (Last, first, middle initial)				2. DATE OF BIRTH			3. RETENTION GROUP			
PHILLIPS, DAVID ATLEE				OCTOBER 31, 1922			12. A CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)							11. SERVICE			
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	YEAR	MONTH	DAY
	YEAR	MONTH	DAY	YEAR	MONTH	DAY				
CIA	1955	AUG	1	1955	AUG	13	GS-14	3	4	13
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."										
BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon.?)	YEAR	MONTH	DAY
	YEAR	MONTH	DAY	YEAR	MONTH	DAY				
ARMY AIR FORCE	1944	2	12	1945	10	31	HON.	2	8	19
5. TOTAL OF MORE THAN 6 MONTHS ABSENCE BY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							12. TOTAL SERVICE <u>6</u> <u>3</u> <u>13</u>			
6. NONCREDITABLE SERVICE (Leave purposes only):							13. NONCREDITABLE SERVICE (RIF purposes only):			
7. NONCREDITABLE SERVICE (RIF purposes only):							14. NONCREDITABLE SERVICE (RIF purposes only):			
8. COMPETITIVE CIVIL SERVICE STATUS? (no status was acquired?)							15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO			
							16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO			
							17. EXPIRATION DATE OF RETENTION RIGHTS			

**NOTE:**  
 This SF-144 was completed by subject on 14 March 1960 on occasion of entering on duty as a Staff Employee.  
 Note that he did not claim any of his prior contract service.  
 Original of this SF-144 on file in subject's Staff Employee file.

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

14 MARCH 1960 (DATE) David A. Phillips (SIGNATURE)

Subscribed and sworn to before me on this 14 day of MARCH 1960 at WASHINGTON, D.C. (CITY) (STATE)

BEAL John Capriotti

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.

SECRET

11 March 1960

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT : Termination of [ ] Contract

It is requested that the contract of [ ] be terminated as of close of business 13 March 1960 in view of his appointment to staff employee status effective 11 March 1960

J. C. King  
Chief, Western Hemisphere Division

SECRET

[Redacted]

Dear [Redacted]

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 19 August 1958, as amended.

Effective 16 February 1960, said contract, as amended, is further amended by adding after paragraph seven (7), entitled "Travel and Operational Expenses," the following paragraph:

"8. Return Travel. Upon the successful completion of your services under this agreement you will be advanced or reimbursed funds for authorized travel and transportation expenses for you, your dependents and your household effects from Havana, Cuba to the Washington, D.C. area, including per diem in lieu of subsistence in the course of such travel. Such funds will be subject to payment and accounting in conformance with applicable Government regulations."

All other terms and conditions of the contract, as amended, remain in full force and effect.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

Exh - cc 2 - 19 Feb 60  
WH/PP Amourille  
cc. Robert Reynolds  
C.A.




SECRET

10 February 1960

MEMORANDUM FOR: Chief, Contract Personnel Division

SUBJECT: Amendment to Contract -

It is requested that Subject's contract dated 19 August 1958, as amended, be further amended to authorize return travel from Havana, Cuba, to Washington, D. C., for Subject and his dependents at Government expense. It is also requested that the amendment authorize shipment of  household effects from Havana, Cuba, to Washington, D. C., at Government expense.

  
J. C. ENG  
Chief, MHD

SECRET

S-E-C-R-E-T  
(When Filled In)

MEMORANDUM FOR: CHIEF, Finance Division

FROM: Contract Personnel Division

SUBJECT: Contract Extension for \_\_\_\_\_

1. Effective 19 Aug 59, the contract (as amended) for the subject individual, effective 19 Aug 58, is extended for 1 year.

2. All other terms and conditions of the contract (as amended) remain in full force and effect.

UNITED STATES OF AMERICA

BY \_\_\_\_\_  
CONTRACTING OFFICER

S-E-C-R-E-T

SECRET

18 August 1959

MEMORANDUM FOR: Chief, Contract Personnel Division  
Attention:

FROM : Acting Chief, WHD

SUBJECT : Renewal of Contract of

It is hereby requested that the contract of  effective  
19 August 1958 and amended, be renewed for one (1) year effective 19 August  
1959.

*R. E. Gomez*  
for R. E. GOMEZ  
Acting Chief, Western Hemisphere Division

SECRET



SECRET

[Redacted]

Dear [Redacted]

Reference is made to your contract with the United States Government, as represented by the Contracting Officer, effective 19 August 1958.

Effective 19 August 1958, said contract is amended in the following manner:

(a) The first sentence of paragraph one (1), entitled "Compensation," is deleted and in lieu thereof the following sentence is substituted:

"In full consideration for the purchase of such information and services you will be compensated in an amount calculated at the rate of \$7200 per annum except that for those periods of time during which you are performing services necessitating certain specialized professional skills on a full time basis outside of the country of your present permanent assignment, you will be compensated at the rate of \$13,000 per annum."

(b) The following paragraph is added after paragraph six (6), entitled "Term":

"7. Travel and Operational Expenses. While performing those tasks for which you will be compensated at the rate of \$13,000 per annum, as set forth in paragraph one (1) above, you will be advanced or reimbursed funds for necessary expenses incurred in connection with such operational travel as may be directed or authorized by the Government. This may include per diem in lieu of subsistence in the course of such travel and while on temporary duty away from your permanent post of assignment overseas. In addition, you will be advanced or reimbursed funds for necessary operational expenses as specifically approved by the Government. Payment and accounting for the items set forth herein will be in conformance with applicable Government regulations."

All other terms and conditions of the contract remain in full force and effect.

You will please indicate your approval by signing in the space provided below.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_  
Contracting Officer

ACCEPTED:

[Redacted]

WITNESS: \_\_\_\_\_

APPROVED:

*6/20/58 - 9/1/58*  
*21 1/2 / (Amount to pay)*

SECRET

17 September 1958

MEMORANDUM FOR : Chief, Contract Personnel Division  
Attention: [redacted]

FROM : Chief, Western Hemisphere Division

SUBJECT : Amendment To Contract of [redacted]

1. It is hereby requested that the contract of [redacted] be amended to provide that he be compensated in an amount calculated at the rate of \$13,000. per annum while travelling outside Cuba at the request of the United States Government and engaged full time in the work of the United States Government. It is further requested that while so travelling outside Cuba, [redacted] be paid per diem at the standard United States Government rate for the area of travel or temporary residence.

2. [redacted] possesses certain specialized professional skills which are in temporary, but urgent demand in a country (other than Cuba) within the jurisdiction of the Western Hemisphere Division. The contract amendment outlined in paragraph 1. (above) is being requested so as to provide a means by which [redacted] skills might be made available to meet this current need for them.

*J. C. King*  
J. C. KING  
Chief, Western Hemisphere Division

SECRET

[Redacted]

Dear [Redacted]

The United States Government, as represented by the Contracting Officer, hereby contracts with you as an independent contractor for the purchase of certain information and related services of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the purchase of such information and services, you will be compensated in an amount calculated at the rate of \$7200 per annum. Payments will be made as directed by you in writing in a manner acceptable to the Government. No taxes will be withheld therefrom but it will be your responsibility to report such income under existing Federal income tax laws and regulations. A Form No. 1099 prepared in a manner to conceal the true source of such income will be furnished you by the Government in order that said responsibility may be properly fulfilled. Income received pursuant to this contract is not subject to relief from Federal income taxes on the basis of foreign residence.

2. Status. You are not an employee of the United States Government under this agreement and are not entitled to any benefits normally incident to an employee status.

3. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by the Government from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1949, as amended, and other applicable laws and regulations.

4. Instructions. Instructions received by you from the Government in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

5. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

6. Term. This contract is effective as of 15 August 1958, and shall continue thereafter for a period of one (1) year unless sooner terminated either:

(a) By fifteen (15) days' actual notice by either party hereto, or



(b) Without prior notice by the Government in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Subject to the availability of appropriations, this agreement may be extended upon notice from the Government. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES GOVERNMENT

BY \_\_\_\_\_

Contracting Officer

ACCEPTED: \_\_\_\_\_

\_\_\_\_\_

WITNESS: \_\_\_\_\_

APPROVED: \_\_\_\_\_

\_\_\_\_\_

*L L M/mc/11 Sept 58*

SECRET

CONTRACT INFORMATION AND CHECK LIST		OFFICE	DIVISION
INSTRUCTIONS: Complete all items, inserting "N.A." where applicable. Forward original and one copy for preparation of contract.		Robert Reynolds	WHD
		TELEPHONE EXTENSION 2055	DATE 13 August 1958
SECTION I GENERAL			
1. NAME <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> TRUE	2A. PROJECT Amourette-z (D/T/O)	3. ALLCMT NO.	4. SLOT NO.
	2B. PERMANENT STATION HABANA	8-7545-01-500	N.A.
5. BASES	6. INDIVIDUAL IS PRESENTLY ENGAGED, OR HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, describe and include salary) Contact Agent, 1952-1954 Staff Agent, 1957-1958 Staff Employee, 1955-1957 (\$10,320) GS-14		
7. SECURITY CLEARANCE (Type and date) Top Secret Clearance FOD/CIA 1 April 1955		8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. PROPOSED CATEGORY (Contract agent, contract employee, etc.) Contract Agent	
SECTION II PERSONAL DATA			
11. CITIZENSHIP U. S.	12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. AGE 35	14. DATE OF BIRTH (Month, day, year) 31 October 1922
15. LEGAL RESIDENCE (City and state or country) 4804 Washburn, Fort Worth, Texas		16. CURRENT RESIDENCE (City and state or country) Habana, Cuba	
17. MARITAL STATUS (Check as appropriate) <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			
18. NUMBER OF DEPENDENTS (Not including individual) RELATIONSHIP AND AGE:  Five: Wife and four children.		19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO RELATIONSHIP:	
SECTION III U.S. MILITARY STATUS			
20. RESERVE N.A.	21. VETERAN World War II	22. IF RETIRED, INDICATE CATEGORY (Longevity, combat disability, service disability non-combat) N.A.	
23. BRANCH OF SERVICE Air Force	24. RANK OR GRADE S/1st	25. DRAFT ELIGIBLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	26. DRAFT DEFERMENT OBTAINED BY CIA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION IV COMPENSATION			
27. BASIC SALARY \$7200 p. a.	28. POST DIFFERENTIAL N.A.	29. COVER (Breakdown, if any) N.A.	30. TAXES TO BE WITHHELD BY <input type="checkbox"/> COVER ISSUE 1099 in <input type="checkbox"/> CIA name of notional <input type="checkbox"/> NOT WITHHELD payor.
SECTION V ALLOWANCES (NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)			
31. QUARTERS N.A.	32. POST N.A.	33. OTHER N.A.	
34. COVER (Breakdown, if any) N.A.			
SECTION VI TRAVEL			
35. TYPES <input type="checkbox"/> PCS <input type="checkbox"/> DOMESTIC OPERATIONAL <input type="checkbox"/> FOREIGN OPERATIONAL N.A.			36. WITH DEPENDENTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
37. HOUSEHOLD EFFECTS TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	38. PERSONAL VEHICLE TO BE SHIPPED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH			
41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH <input checked="" type="checkbox"/> CIA REGULATIONS <input type="checkbox"/> COVER POLICIES AND PROCEDURES			
SECTION VII OPERATIONAL EXPENSES			
42. PURCHASE OF INFORMATION	43. ENTERTAINMENT	44. OTHER	

<b>CONTRACT INFORMATION AND CHECK LIST (CONTINUED)</b>	CASE NUMBER <b>Robert Reynolds</b>	DIVISION <b>WHD</b>
NOTE: SEE INSTRUCTIONS ON FIRST SHEET	TELEPHONE EXTENSION <b>2046</b>	DATE <b>13 August 1958</b>

**SECTION VIII OTHER BENEFITS**

86. BENEFITS (See Part VII of Confidential Fund Regulations or successor regulations for benefits applicable to various categories of contract personnel. If medical benefits are requested see W 15-210 or successor regulations.)

**N. A.**

**SECTION IX COVER ACTIVITY**

47 STATUS (Check)	<input checked="" type="checkbox"/> PROPOSED	88 TYPE (Check)	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> CULTURAL	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> TOURIST
	<input type="checkbox"/> ESTABLISHED		<input type="checkbox"/> SUBSIDIZED	<input type="checkbox"/> EDUCATIONAL	<input type="checkbox"/> MILITARY	<input type="checkbox"/> OTHER

89. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS

YES     NO     COMPLETE     PARTIAL

**SECTION X OFFSET OF INCOME**

90. OFFSET OF INCOME AND OTHER EMPLOYMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.)

TOTAL     PARTIAL     NONE

**SECTION XI TERM**

91. DURATION			92. EFFECTIVE DATE		93. RENEWABLE	
DAYS	12	MONTHS	YEARS	<b>15 August 1958</b>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

94. TERMINATION NOTICE (Number of days)    **15**

95. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION

**N. A.**     YES     NO

**SECTION XII FUNCTION**

96. PRIMARY FUNCTION (SI, PP, other)

**PP**

**SECTION XIII DUTIES**

97. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED

**To be assigned by CCS, Habana, according to Station requirements.**

**SECTION XIV QUALIFICATIONS**

98. EXPERIENCE

**Contract Agent in [ ] 1952-1954**  
**Contract Agent, PBSUCCESS and PIRISTORY, 1954**  
**Covert Associate, 1954-1955**  
**Staff Agent, Cuba, 1956-1957**  
**Staff Agent, [ ] 1957-1958**

99. EDUCATION

(Check Highest Level Attained)	<input type="checkbox"/> GRADE SCHOOL	<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> TRADE SCHOOL GRADUATE
	<input type="checkbox"/> BUSINESS SCHOOL GRADUATE	<input type="checkbox"/> COMMERCIAL SCHOOL GRADUATE	
	<input checked="" type="checkbox"/> COLLEGE (No degree)	<input type="checkbox"/> COLLEGE DEGREE	<input type="checkbox"/> POST GRADUATE

100. LANGUAGE COMPETENCY

(Check Appropriate Degree Competency)	LANGUAGE	SPEAK			WRITE			READ			61. INDIVIDUAL'S COUNTRY OF ORIGIN
		FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	FLUENT	AVERAGE	POOR	
	<b>Spanish</b>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			
<b>French</b>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			

101. AREA KNOWLEDGE

**[ ] Cuba, [ ]**

**SECTION XV PRIOR EMPLOYMENT**

102. JOB AND SALARY PRIOR TO SERVICE FOR CIA

**Editor and publisher, actor, lecturer, free-lance writer.**

**SECTION XVI ADDITIONAL INFORMATION**

103. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)

OVER

DATE \_\_\_\_\_ TYPED NAME & SIGNATURE OF DIVISION OFFICER \_\_\_\_\_ DATE \_\_\_\_\_ TYPED NAME & SIGNATURE OF SENIOR STAFF OFFICER \_\_\_\_\_



7 February 1955

MEMORANDUM FOR: CHIEF, SCAPS

VIA : Contract Approving Officer, PP Staff

SUBJECT : Termination of Contract.

It is requested that the contract on   
be terminated effective 1 April 1955.

**SIGNED**

Chief of Administration  
Psychological and Paramilitary  
Operations Staff

APPROVED

PP/CONTRACT APPROVING OFFICER

SECRET

19 October 1954

MEMORANDUM FOR: Chief, Psychological and Paramilitary  
Operations Staff

SUBJECT:  (P) - Covert Associate

REFERENCE: Memo to Special Contracting Officer, CIA,  
dated 12 October 1954, Same Subject

Pending publication of a regulation on Employee Services, the Office of Personnel issued N 20-660-19, dated 29 July 1954 to be effective 1 August 1954. This Notice announced the availability of two life insurance and two health insurance programs sponsored by the Agency under the name of "Government Employees Health Association, Inc." Eligibility for these life and health insurance programs has been limited to those categories of personnel expressly stipulated in the Notice. Nowhere are Covert Associates listed as an eligible group, although in fact a Covert Associate may be an employee of the U. S. Government. Until the notice or the proposed regulation is changed, this Staff is precluded from inserting in contracts similar to that of subject individual's any reference to health and life insurance programs normally available to staff employees.

JOHN L. DISCHOFF  
Special Contracting Officer

DHL/pr  
Orig & 1 Addressee  
1 cc Employee Services Div. (attn. )  
1 cc subject file   
1 cc chrono  
1 cc corres w/PPStaff file

SECRET

12 OCT 1954

SECRET

12 Oct 1954

MEMORANDUM FOR: SPECIAL CONTRACTING OFFICER, CIA

SUBJECT : [redacted] (P)--Lowere Associate

It is requested that the subject's contract effective 1 August 1954 be amended to permit the subject to apply for Hospitalization and Life Insurance with the Agency.

[redacted]

[redacted]

Chief

Psychological and Paramilitary Operations Staff

APPROVED

SPECIAL CONTRACTING OFFICER

SECRET



MEMORANDUM FOR: Mr. Kermit Roosevelt

ATTENTION : Mr. John Baker

SUBJECT : [REDACTED] Employment as CIA  
Staff Officer

1. To those of us at Headquarters who have followed closely the work of [REDACTED] in connection with PBSUCCESS, it is completely evident that he made one of the major and most outstanding contributions to this Operation and that he has demonstrated himself to be exceptionally qualified in the field of political and psychological operations (covert). I have just been informed by Messrs. Barnes and [REDACTED] that the latter who has heretofore been employed in the capacity of a Contract Agent, desires to become more closely associated with the Agency and would like to be employed as a regular staff officer. I am very much in favor of following up on this opportunity, and I have good reason to believe that the Director likewise is specifically interested.

2. There are certain aspects of this case which appear to require special handling and tailoring -- none of which presents any difficulties as I see it -- but, on the contrary, would tie in very neatly with both the near term and longer range aspects of the employment of [REDACTED]. These aspects are as follows:

(a) [REDACTED] desires to begin his term of employment by the Agency with a period of service at Headquarters. (He has spent many years in Latin America, principally in [REDACTED] where he has owned and still owns a newspaper, and, in my judgment, it would be mutually advantageous to the Agency and to [REDACTED] for him to spend not less than a year as a member of the Headquarters organization.)

(b) [REDACTED] has for some years in the past been giving an annual series of lectures in various Latin American capitals. These lectures have been arranged by an agent of his in New York and his audiences have consisted of business and professional groups and women's organizations. The general subject matter of his lectures has included talks on the threat of international Communism to Latin America. [REDACTED] would desire, if it can be worked out, to be permitted to continue to deliver lectures of this kind in the future and is at the present time

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contemplating a series of lectures on Latin America to be given in various cities within the United States.

(c) [ ] would be ready and able to accept a field assignment in South America following the conclusion of the period of Headquarters' duty referred to.

3. As already indicated, it seems to me that there are no serious problems involved in any of the foregoing and that the material can be readily cut to fit the pattern. It is the recommendation of Mr. Barnes in which I concur, that [ ] be assigned to the PP Staff during his tour of duty here. He could in this capacity work very closely with WH Division, but it seems to Tracy and myself that he can contribute importantly to the work of the PP Staff and in the process broaden himself. As regards the matter of the lectures, I would recommend that arrangements be made to permit and even encourage him to continue these since it seems to me that they would fit in very well with his general PP assignment -- assuming, of course, that his Headquarters and field cover are properly designed and maintained. The Headquarters cover problem is not a substantial one and as far as the field is concerned if [ ] were to go [ ] cover of the right kind this also should present no problem. There is a ready-made cover in the field and in a critically important country by virtue of his ownership -- for some six years -- of a newspaper in [ ] It would not be incompatible with his resumption of his position as owner and editor of the [ ] newspaper to work in an annual series of lectures either in Latin America or in the United States. There is only one further point involved in connection with the lectures: Because of [ ] intimate association with many of the details of PBSUCCESS and also in light of the standing rules of the Agency, it would be desirable for him to submit at least in general outlines, and preferably textually to the extent feasible, the substance of his proposed lectures. He is anxious to do this in connection with the forthcoming lectures -- for his own piece of mind since he would like to be double-checked on the things which he should say and those which he should not say with respect to the Guatemalan development. He could send the material to Mr. Holcomb or myself -- or to you -- and after it has been checked over by one of us, we could arrange to submit it to the Office of Security for such further checking as may be desirable.

4. [ ] proposes to take a leave of absence of a month or six weeks, starting within the next few days. I believe it would be desirable for Mr. Baker, to start the necessary personnel and other administrative actions, including any additional security clearances which may

4-0000

which may be necessary, etc., looking toward having everything in line for  to come aboard officially at the conclusion of this leave.

5. His home address is: 811 Hollywood Blvd.  
Hollywood, Florida

FRANK G. WISNER  
Deputy Director (PLANS)

cc" COPS -- DD/P  
CWH



SECRET

Date:

[Redacted]

Dear [Redacted]

Reference is made to your contract effective 1 March 1954 with the United States Government, as represented by the Central Intelligence Agency, for the submission of certain information and related services of a confidential nature.

Effective <sup>31 July</sup> ~~14 September~~ 1954, said contract is terminated and in lieu thereof the following contract is substituted:

The United States Government, as represented by the Central Intelligence Agency, hereby contracts with you as a Covert Associate for the submission of certain information and related services of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the submission of certain information and related services of a confidential nature, you will be compensated at the rate of \$8360 per annum. In addition, you will be entitled to authorized overtime in excess of 40 working hours per week at the rate of \$1.51 per hour. Payments will be made as directed by you in writing in a manner acceptable to CIA. No taxes will be withheld from any sums paid to you hereunder directly by CIA, but it will be your responsibility to report such sums in accordance with applicable Federal income tax laws and regulations.

2. Travel. You will be advanced or reimbursed funds for necessary expenses incurred in connection with such travel as may be directed or authorized by CIA. This will include per diem in lieu of subsistence in the course of such travel while away from Washington, D. C., and while on temporary duty overseas. You will be required to account for such expenses in accordance with applicable CIA regulations or those of [Redacted], whichever is directed by CIA.

3. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to, entertainment and the purchase of information as specifically approved by CIA. Such funds will be subject to accounting in compliance with CIA regulations.

4. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs, or legal representatives under this paragraph will be processed by CIA in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to sick and annual leave equal to and subject to the same rules and regulations applicable to CIA employees. Such leave may only be taken at times and places approved in advance by appropriate representatives of CIA.

(c) Civil Service Retirement deductions will not be made from your wages since your employment hereunder is not a covered employment under the Civil Service Retirement Act. However, your status is that of an

SECRET

employee of the United States Government paid from Government funds. Therefore, if in the future you are employed by the United States Government in a status covered by the Civil Service Retirement Act, periods of service under this contract will be available as creditable service for retirement purposes in conformance with Civil Service Regulations.



6. Leave Without Pay. During the term of this contract it is anticipated that you will undertake contracted speaking engagements. For such periods of time necessary to fulfill these commitments you will be considered on leave without pay status under the terms of this agreement.

7. Execution of Documents. If, in the performance of your  service, you assume the custody of government funds or take title of record to property of any nature whatsoever and wherever situate, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by CIA to evidence this relationship.

8. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by CIA from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations.

9. Instructions. Instructions received by you from CIA in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

10. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

11. Term. This contract is effective as of 1 August 1954, and shall continue thereafter for a period of one (1) year unless sooner terminated by CIA either:

(a) By fifteen (15) days' actual notice to you from CIA, or

(b) Without prior notice, in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

*Remit of 2d page  
(3 Aug 54)*



SECRET

employee of the United States Government paid from Government funds. Therefore, if in the future you are employed by the United States Government in a status covered by the Civil Service Retirement Act, periods of service under this contract will be available as creditable service for retirement purposes in conformance with Civil Service Regulations.

6. Offset. Any sums or substantially similar benefits or allowances received from your cover facility will be used to offset those due under this contract by CIA. Sums, similar benefits or allowances thus received through your cover facility are acknowledged and agreed to be payment by CIA within the provisions of this contract. You will report all sums or substantially similar benefits received from your cover facility at least every four (4) months during the term of this contract.

7. Execution of Documents. If, in the performance of your  service, you assume the custody of government funds or take title of record to property of any nature whatsoever and wherever situate, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either express or constructive, and you agree to execute whatever documents may be required by CIA to evidence this relationship.

8. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by CIA from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations.

9. Instructions. Instructions received by you from CIA in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

10. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

11. Term. This contract is effective as of 15 September 1954, and shall continue thereafter for a period of one (1) year unless sooner terminated by CIA either:

(a) By fifteen (15) days' actual notice to you from CIA, or

(b) Without prior notice, in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

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Subject to the availability of appropriations, this agreement may be renewed for successive periods of one year each upon notice from CIA accepted by you. Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES OF AMERICA

BY \_\_\_\_\_  
Special Contracting Officer

ACCEPTED:

\_\_\_\_\_

WITNESS: \_\_\_\_\_

APPROVED:

\_\_\_\_\_

D111 261p  
2 Aug 54

Sp. Agent,

SECRET

[REDACTED]

Dear [REDACTED]

The United States Government, as represented by the Central Intelligence Agency, hereby contracts with you for the submission of certain information and related services of a confidential nature under the following terms and conditions:

1. Compensation. In full consideration for the submission of such information and services, you will be paid an amount calculated at the rate of \$7200.00 per annum. Payments will be made as directed by you in writing in a manner acceptable to CIA. No taxes will be withheld from this amount, and it will be your responsibility to report such income under existing Federal income tax laws and regulations.

2. Travel. (a) You will be advanced or reimbursed funds for necessary expenses incurred in connection with such travel as is directed or authorized by CIA. This will include per diem in lieu of subsistence in the course of such travel and while on a temporary duty status away from your permanent station. All travel, transportation and per diem provided for under this paragraph must be properly authorized, and expenses incurred hereunder are subject to payment and accounting in compliance with CIA regulations.

(b) Upon the successful completion of your services under this contract or any renewal thereof, you will be advanced or reimbursed funds for return travel and transportation expenses to your permanent residence in [REDACTED]

3. Operational Expenses. You will be advanced or reimbursed funds for necessary operational expenses including, but not limited to entertainment and the purchase of information as specifically approved by CIA. Such funds will be subject to accounting in compliance with CIA regulations.

4. Benefits. (a) You will be entitled to death and disability benefits equal to those authorized under the Federal Employees' Compensation Act, as amended. Claims by you, your heirs, or legal representatives under this paragraph will be processed by CIA in accordance with its procedures in such manner as not to impair security.

(b) You will be entitled to continuance of pay and allowances in a manner similar to that set forth in the Missing Persons Act (50 U. S. C. A., App. 1001-1015).

(c) You will be entitled to fourteen (14) calendar days' leave per contract year. Such leave may be accrued during the term of this contract or any renewal hereof except that payment in lieu of unused leave will not be authorized. Such leave may only be taken at times and places approved in advance by appropriate representatives of CIA.

5. Execution of Documents. If, in the performance of your [REDACTED] service, you assume the custody of government funds or take title of record to property of any nature whatsoever and wherever situated, which property has in fact been purchased with monies of the U. S. Government, you hereby recognize and acknowledge the existence of a trust relationship, either



express or constructive, and you agree to execute whatever documents may be required by CIA to evidence this relationship.

6. Status. You are not an employee of the United States Government under this agreement and are not entitled to any benefits normally incident to an employee status, except as specifically enumerated herein.

7. Instructions. Instructions received by you from CIA in briefing, training or otherwise are a part of this contract and are incorporated herein, provided that such instructions are not inconsistent with the terms hereof.

8. Unauthorized Commitments. No promises or commitments pertaining to rights, privileges or benefits other than those expressly stipulated in writing in this agreement or any amendment thereto shall be binding on the Government.

9. Secrecy. You will be required to keep forever secret this contract and all information which you may obtain by reason hereof (unless released in writing by CIA from such obligation), with full knowledge that violation of such secrecy may subject you to criminal prosecution under the espionage laws dated 25 June 1948, as amended, and other applicable laws and regulations.

10. Term. This contract is effective as of 4 March 1954, and shall continue thereafter for a period of two (2) years, unless sooner terminated by CIA either:

- (a) By thirty (30) days' actual notice to you from CIA, or
- (b) Without prior notice, in the event of a breach of this contract by your violation of the security provisions hereof or by your otherwise rendering yourself unavailable for acceptable service.

Subject to the availability of appropriations, this agreement may be renewed for successive periods of one year each upon notice from CIA accepted by you. In the event of voluntary termination on your part or termination for cause by CIA prior to the expiration of this agreement or any renewal thereof, you will not be entitled to return travel and transportation expenses to . Termination of this agreement will not release you from the obligations of any security oath you may be required to take.

UNITED STATES OF AMERICA

BY \_\_\_\_\_  
Contracting Officer

JW/PK 4 May 54  
Contracting Officer

ACCEPTED:

\_\_\_\_\_

APPROVED:



SECRET  
Security Information

13 June 1952

MEMORANDUM FOR: Record

SUBJECT: PBCROVEL Amendment #1

1. This date copy number four of subject project has been forwarded to Mr. William Rowland for approval in view of the fact that the original and copies number two and three have been temporarily misplaced.
2. As amendment number one to PBCROVEL covers no substantive operations it has not been coordinated with Security and Cover.
3. It is requested that approval of subject project amendment be given as soon as possible in view of the urgency of action as stated in the project itself.

[Redacted]  
WH/Project Coordinator

WTD/HB/jc

Distribution

Orig: CD/CO

cc: Special Contracting Officer (Mr. J.L. Bischoff)  
CM (Mr. Ernest W. Pittman)  
Chief, Branch I  
Project File PBCROVEL:WD/P&O  
Chrono P&O

28 May 1952

MEMORANDUM FOR: AD/CO

ATTENTION:

SUBJECT: Project APPROVAL, Amendment No. 1

1. Forwarded herewith are the original and two copies of subject amendment plus an extra copy of GPC Form 404a.

2. It is respectfully requested that approval of subject amendment be expedited as the Project Financial Data, Form 404a, indicates that payment of eight thousand (\$8,000.00) dollars to PA L D. LANGRISH must be made on or about 20 June 1952.

3. Subparagraph six of the Proposal indicates that as a prerequisite to issuance of a loan to LANGRISH the latter will be required to submit a complete narrative inventory of all machinery and equipment involved in the loan transaction, its physical existence in his custody, his title to the property, and an approximate evaluation of its worth (as determined by WHD station personnel). WHE will be prepared to do this shortly after Amendment No. 1 is approved and the necessary funds are available for payment.

4. Subparagraph five of the Proposal indicates the details of the loan contract and selection of the appropriate legal instrument to secure a lien on the machinery and equipment will be arrived at through joint agreement of WER, COG and the Legal Division. These financial details will be arranged and sent to approval of the amendment in question and will comprise the financial plan governing the expenditure of the funds requested.

J. C. KING  
WHD

WHD/JCK/PAH/VLC/ED/je

Distribution

Orig: CO/CO

cc: Special Contracting Officer (Mr. J. L. Schoff)  
CM (Mr. Ernest W. Pittman) ✓  
Chief, Branch I  
Project File APPROVAL WHD/CO  
Chrono WHD/PAH